## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000015390

Entity Name: JOEL FRANKEL, M.D., PULMONARY ASSOCIATES, P.A.

FILED May 01, 2007 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 2951 NW 49TH AVE FT LAUDERDALE, FL 33313 **Current Mailing Address: New Mailing Address:** 2951 NW 49TH AVE FT LAUDERDALE, FL 33313 FEI Number: 65-0376601 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, BRIAN HART, BRIAN 2333 PONCE DE LEON BOULEVARD 255 ALHAMBRA CIRCLE SUITE 303 SUITE 850 CORAL GABLES, FL 331340000 US CORAL GABLES, FL 33134 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 05/01/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition FRANKEL, JOEL Name: Name: 2951 NW 49TH AVE Address: Address: City-St-Zip: FT LAUDERDALE, FL 33313 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL FRANKEL, M.D. P 05/01/2007