

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000000448

FILED
Apr 16, 2005
Secretary of State

Entity Name: PULMONARY MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

2580 RHODE ISLAND AVE.
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

INTERNATIONAL PROFESSIONAL SERVICES
2813 S. HIAWASSEE ROAD #104
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 65-0377883 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NAYYAR, RAMESH K
2580 RHODE ISLAND AVE.
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAYYAR, RAMESH K
Address: 2580 RHODE ISLAND AVE.
City-St-Zip: FORT PIERCE, FL 34947

Title: SD () Delete
Name: NAYYAR, MANJULA K
Address: 2580 RHODE ISLAND AVE.
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAMESH NAYYAR

PRES

04/16/2005

Electronic Signature of Signing Officer or Director

_____ Date