

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000000448

FILED
Apr 29, 2011
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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: RAMESH NAYYAR

RA

04/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date