

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000020663 (9)

1. Corporation Name

PULMONARY NETWORK, INC.



Principal Place of Business

Mailing Address

% DAN WESTPHAL MD  
ONE SAMPLE RD STE 304  
POMPANO BEACH FL 33064

% DAN WESTPHAL MD  
ONE SAMPLE RD STE 304  
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified  
03/15/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
65-0399742

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WESTPHAL, DAN MD  
ONE SAMPLE RD  
STE 304  
POMPANO BEACH FL 33064

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE  
NAME ADELMAN, MARK MD  
STREET ADDRESS 9980 CENTRAL PARK BLVD #322  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☐ DELETE  
NAME GUSTMAN, PAUL MD  
STREET ADDRESS 9299 CORAL REEF DR  
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ DELETE  
NAME MARTINEZ-CATINCHI, FERNANDO MD  
STREET ADDRESS 7100 W 20TH AVE #402  
CITY-ST-ZIP HIALEAH FL 33016

TITLE D ☐ DELETE  
NAME ROSEN, ALLEN MD  
STREET ADDRESS 1411 N FLAGLER DR  
CITY-ST-ZIP W PALM BEACH FL 33401

TITLE VD ☐ DELETE  
NAME SALAZAR, JOSE A MD  
STREET ADDRESS 3661 SOUTH MIAMI AVE #1008  
CITY-ST-ZIP MIAMI FL 33133

TITLE PD ☐ DELETE  
NAME WESTPHAL, DAN MD  
STREET ADDRESS ONE SAMPLE RD #304  
CITY-ST-ZIP POMPANO BEACH FL 33064

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)