

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000020663 (9)

1. Corporation Name
PULMONARY NETWORK, INC.



Principal Place of Business

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

Mailing Address

% DAN WESTPHAL MD
ONE SAMPLE RD STE 304
POMPANO BEACH FL 33064-3589

3. Date Incorporated or Qualified

03/15/1993

3a. Date of Last Report

03/14/1996

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	ADELMAN, MARK MD	
STREET ADDRESS	9980 CENTRAL PARK BLVD #322	
CITY - ST - ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUSTMAN, PAUL MD	
STREET ADDRESS	9299 CORAL REEF DR	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ-CATINCHI, FERNANDO MD	
STREET ADDRESS	7100 W 20TH AVE #402	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEN, ALLEN MD	
STREET ADDRESS	1411 N FLAGLER DR	
CITY - ST - ZIP	W PALM BEACH FL 33401	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SALAZAR, JOSE A MD	
STREET ADDRESS	3661 SOUTH MIAMI AVE #1008	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	PD	<input type="checkbox"/> 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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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

Dan M. Westphal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dan M. Westphal, MD
President

2-1-97
Date Daytime Phone

CR2E034 (9/96)