


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000053314 1. Entity Name MID FLORIDA PULMONARY ASSOCIATES, P.A.	
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Principal Place of Business C/O DR. SABARETNAM YOGENDRA 3482 OAK KNOLL POINT LAKE MARY, FL 32746	Mailing Address C/O DR. SABARETNAM YOGENDRA 3482 OAK KNOLL POINT LAKE MARY, FL 32746
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04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3195288	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

YOGENDRA, SABARETNAM
3482 OAK KNOLL POINT
LAKE MARY, FL 32746

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

04/26/04-80091-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP YOGENDRA, SABARETNAM 3482 OAK KNOLL POINT LAKE MARY, FL 32746
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1/10/04 407 321 219

Date

Daytime Phone #