

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000053314

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** MID FLORIDA PULMONARY ASSOCIATES, P.A.

**Current Principal Place of Business:**

C/O DR. SABARETNAM YOGENDRA  
1005 WEST FIRST STREET  
SANFORD, FL 32772

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DR. SABARETNAM YOGENDRA  
3482 OAK KNOLL POINT  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 59-3195288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOGENDRA, SABARETNAM  
3482 OAK KNOLL POINT  
LAKE MARY, FL 32746 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:** PVP  
**Name:** YOGENDRA, SABARETNAM  
**Address:** 3482 OAK KNOLL POINT  
**City-St-Zip:** LAKE MARY, FL 32746

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:** SABARETNAM YOGENDRA

MD

04/26/2010

Electronic Signature of Signing Officer or Director

Date