FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:41

DOCUMENT # P93000065602 (3)

1. Corporation Name

WEST BROWARD PULMONARY ASSOCIATES, M.D., P.A.

Principal Place of Business

C/O MIKE SEGAL, BROAD & CASSEL
175 NW FIRST AVE., SUITE 2000
MIAMI FL 33128-9965

Mailing Address

C/O MIKE SEGAL, BROAD & CASSEL
175 NW FIRST AVE., SUITE 2000
MIAMI FL 33128-9965

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 04/11/1994
4. FEI Number: 65-0441279 — 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 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 — Country 30

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
175 NW FIRST AVE
SUITE 2000
MIAMI FL 33128-9965

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	D
NAME	FRANKEL, JOEL MD
STREET ADDRESS	% 175 NE FIRST AVE., SUITE 2000
CITY ST ZIP	MIAMI FL 33128-9965
TITLE	D
NAME	PATEL, VINODRAI MD
STREET ADDRESS	% 175 NE FIRST AVE., SUITE 2000
CITY ST ZIP	MIAMI FL 33128-9965
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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)(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: Joel Frankel MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL FRANKEL MD

Date

0206002 CP