FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000065628 (8)

1. Corporation Name

PULMONARY MANAGEMENT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8950 NORTH KENDALL DR. SUITE 307 MIAMI FL 33176	8950 NORTH KENDALL DR. SUITE 307 MIAMI FL 33176

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

3. Date Incorporated or Qualified: 09/21/1993
3a. Date of Last Report: 02/01/1995
4. FEI Number: 65-0436931 ☐ 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**

GUSTMAN, PAUL M
8950 NORTH KENDALL DR.
SUITE 307
MIAMI FL 33176

10. **Name and Address of New Registered Agent**

81 Name: MICHAEL KRISSEL
82 Street Address (P.O. Box Number is Not Acceptable): 12515 S.W. 88TH ST
83 SUITE 316
84 City: MIAMI FL 85 Zip Code: 33186

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] DATE 1/30/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MEZEY, ROBERT	
STREET ADDRESS	8950 N KENDALL DR STE 307	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	KRAINSON, JAMES	
STREET ADDRESS	8950 N KENDALL DR, STE 307	
CITY-ST-ZIP	MIAMI FL	
TITLE	~~D~~	☒ DELETE
NAME	~~GUSTMAN, PAUL~~	
STREET ADDRESS	~~8950 N KENDALL DR., STE 307~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	D	☐ DELETE
NAME	KUTNER, MARK	
STREET ADDRESS	8950 N KENDALL DR, STE 307	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Entries 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition — all blank)

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: Mark Kutner] 2/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)