

**SECOND NOTICE: CORPORATION WILL BE DISMISSED AND AFTER AUGUST 6, 1995,
ANNUAL REPORTS OR REPORTS MADE BY 1225 OF THIS DIVISION, WHICH ARE NOT TO BE FILED.**

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:38

DOCUMENT # P93000087254 (7)

1. Corporation Name

PULMONARY CONSULTANTS OF SOUTHWEST FLORIDA, P.A.

Principal Place of Business

2605 CLEVELAND AVENUE
SUITE 202
FORT MYERS FL 33901

Mailing Address

2605 CLEVELAND AVENUE
SUITE 202
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite Apt. #, etc

22

27. Suite, Apt. #, etc

City & State

23

28. City & State

Zip

24

29. Zip

Country

30. Country

3. Date Incorporated or Qualified
01/01/1994

3a. Date of Last Report

4. FEIN Number
65-0753654

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

7. This corporation has liability for intangible tax under § 199.032.
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATHEW, ANTONY
2605 CLEVELAND AVENUE
SUITE 202
FORT MYERS FL 33901**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

85. Zip Code

FL

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 607.0508, Florida Statutes.

SIGNATURE

[Signature] Dated _____, 19_____
Name of Registered Agent and his Title

NOTICE: Registered Agent will receive all notices

MAIL

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
MR	D MATHEW, ANTONY	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2605 CLEVELAND AVE, SUITE 202	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FORT MYERS FL 33901	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MR		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		8. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MR		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		12. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MR		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		16. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MR		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		19. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		20. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MR		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		24. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 trustee or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ANTONY, MATHEW**
HANDWRITTEN AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/95 813-334-0666
[Signature]