


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90016 026 \*\*\*150.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P94000006372</b>             |  |  |
| 1. Entity Name<br>PULMONARY MEDICINE, P.A. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>1001 EAST OCEAN BLVD.<br>SUITE 103<br>STUART, FL 34996 | Mailing Address<br>1001 EAST OCEAN BLVD.<br>SUITE 103<br>STUART, FL 34996 |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



04212006 Chg-P CR2E034 (11/05)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>65-0466749 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>PATEL, DEVANG B MD<br>1001 EAST OCEAN BLVD.<br>SUITE 103<br>STUART, FL 34996 |
|---|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>PATEL, DEVANG B MD<br>1001 EAST OCEAN BLVD., SUITE 103<br>STUART, FL 34996 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lists empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #