

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000006372

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** PULMONARY MEDICINE, P.A.

**Current Principal Place of Business:**

1001 EAST OCEAN BLVD.  
SUITE 103  
STUART, FL 34996

**New Principal Place of Business:**

1100 EAST OCEAN BLVD.  
STUART, FL 34996

**Current Mailing Address:**

1000 SE MONTEREY COMMONS BLVD  
SUITE 101  
STUART, FL 34996

**New Mailing Address:**

1000 SE MONTEREY COMMONS BLVD.  
SUITE 101  
STUART, FL 34996

**FEI Number:** 65-0466749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, DEVANG B MD  
1000 SE MONTEREY COMMONS BLVD  
SUITE 101  
STUART, FL 34996 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: PATEL, DEVANG B MD  
Address: 1000 SE MONTEREY COMMONS BLVD., #101  
City-St-Zip: STUART, FL 34996

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: DEVANG PATEL, MD

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date