

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000039032

Entity Name: THE LUNG CLINIC, P.A.

FILED  
Apr 13, 2005  
Secretary of State

## Current Principal Place of Business:

201 W. HILDA STREET  
SUITE 24  
KISSIMMEE, FL 34741

## New Principal Place of Business:

323 WEST OAK ST  
KISSIMMEE, FL 34741

## Current Mailing Address:

201 W. HILDA STREET  
SUITE 24  
KISSIMMEE, FL 34741

## New Mailing Address:

323 WEST OAK ST  
KISSIMMEE, FL 34741

FEI Number: 59-3375139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SHAUKAT, MUHAMMAD K M.D.  
201 WEST HILDA STREET, SUITE 24  
SUITE 24  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

SHAUKAT, MUHAMMAD K M.D.  
323 WEST OAK ST  
KISSIMMEE, FL 34741 US

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: MUHAMMAD K. SHAUKAT MD

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHAUKAT, MUHAMMAD K M.D.  
Address: 10807 EMERALD CHASE DRIVE  
City-St-Zip: ORLANDO, FL 32836

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SHAUKAT, MUHAMMAD K M.D.  
Address: 323 WEST OAK ST  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MUHAMMAD K. SHAUKAT

M.D.

04/13/2005

Electronic Signature of Signing Officer or Director

Date