Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90065 022 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # P9600050227 1. Corporation Name LAKE PULMONARY CRITICAL CARE, P.A.

Principal Plac	e of Business	Mailing Address			1 1901(40) ((2 :51)0 4))(; 88(5) 05)((84		7 (1841 (801 (89)
600 JENNINGS AVENUE		1879 NIGHTINGALE LANE					
EUSTIS FL 32726		8# B-4					
		TAVARES FL 32778 US			DO NOT WRITE II	N THIS SPACE	
		US			3. Date Incorporated or Qualifed		
a Directoral D	None of Durings				06/10/1996		
- 1070	Place of Business AUCINTUGAL LANC	2a. Mailing Address			4. FEI Number		pplied For
21 / 0 / /	14 19 11 11 11 11	 			59-3387104		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	¥	Additional equired	
22 (5 7) City & Stat	<i>y</i>	City & State					•
23 TAUA	4105 CL	⊢ -			6. Election Campaign Financing	•	May Be to Fees
	Country	Zip	Country		Trust Fund Contribution		to rees
Zip 24 327	178 25 12.5	— · –	30		 This corporation owes the current y Personal Property Tax. 	rear intangible	□No
24 00 .	9. Name and Address of Current		301		10. Name and Address of New Regis		
	3. Harrie and Fladress of Outrette	r rogistered Agent	81	Name	10, Name and Address of New Rogic	sterou ngem	
CAM	IPIONE, DAVID M						
	JENNINGS AVENUE		82	Street Ad	ldress (P.O. Box Number is Not Acceptable)		
EUS	TIS FL 32726		83				
			63		•		
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607/1508, Florida Statutes	s, the above	-named co	prporation submits this statement for the purp	ose of changing its	registered
office or n	registered agent, or both, in the State o	of Floridal, Such change was aut	horized by t	be corpora	ation's board of directors. I hereby accept the	appointment as re	gistered
	ili lampar wilitawia Jacyepi ilie Woligati						
		WO RAYIN	N	ui	-	17/99	
SIGNATURE		yculogo	N	u_{i}	<u> </u>	3/99	·
SIGNATURE	- made	and the if applicable. (NOTE: F	N	u_{i}	<i>[</i>] 5	7399	<u> </u>
SIGNATURE	Signature, typed ophroated name of registered agent	and the if applicable. (NOTE: F	Registered Agent	u_{i}	uired when reinstating)	7399	<u> </u>
SIGNATURE	Signature, typed op districted name of registered agent OFFICERS AND	and the if applicable. (NOTE: F	Registered Agent	u_{i}	uired when reinstating)	RS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or sched name of registered agent OFFICERS AND P MONTOYA, FRANK J	and the if applicable. (NOTE: F	Registered Agent 13. 1.1 TITLE	W/ signature requ	uired when reinstating)	RS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed of Control name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. (NOTE: F	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature requi	uired when reinstating)	RS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or sched name of registered agent OFFICERS AND P MONTOYA, FRANK J	and the if applicable. (NOTE: F	Registered Agent 13. 1.1 TITLE 1.2 NAME	signature requi	uired when reinstating)	RS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of Control name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET J. 1.4 CITY-ST- 2.1 TITLE	signature requi	uired when reinstating)	AFE CRS AND DIRECTO Change	ORS IN 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of Control name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADORESS	uired when reinstating)	AFE CRS AND DIRECTO Change	ORS IN 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed of Control name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET, 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS	uired when reinstating)	AFE CRS AND DIRECTO Change	ORS IN 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of Control name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET, 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET, 2.4 CITY-ST	ADDRESS ADDRESS	uired when reinstating)	RS AND DIRECTO	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	Signature, typed of Control name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE	ADDRESS ADDRESS	uired when reinstating)	AFE CRS AND DIRECTO Change	ORS IN 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of Control name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST. 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE 3.2 NAME	ADDRESS -ZIP ADDRESS 1-ZIP	uired when reinstating)	RS AND DIRECTO	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed of Control name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	uired when reinstating)	RS AND DIRECTO	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of Control name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 3.4 CITY-ST 3.4 CITY-ST 3.4 CITY-ST 3.5 CITY-ST	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	uired when reinstating)	RS AND DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed of Control name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. (NOTE: F	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET, 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET, 3.1 TITLE 3.2 NAME 3.3 STREET, 4.1 TITLE	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	uired when reinstating)	RS AND DIRECTO	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of Control name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. (NOTE: F	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET, 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET, 3.1 TITLE 3.2 NAME 3.3 STREET, 4.1 TITLE 4.2 NAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP -ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO Change	DRS IN 12 Addition Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or scheduled name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. (NOTE: F	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET, 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET, 3.1 TITLE 3.2 NAME 3.3 STREET, 4.1 TITLE 4.2 NAME 4.3 STREET, 5.1 TITLE 4.2 TITLE 4.3 STREET, 5.1 TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or scheduled name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. (NOTE: F	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET, 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET, 3.1 TITLE 3.2 NAME 3.3 STREET, 4.1 TITLE 4.2 NAME 4.3 STREET, 4.1 TITLE 5.2 NAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or scheduled name of registered agent OFFICERS AND P MONTOYA, FRANK J 1879 NIGHTINGALE LN	and the if applicable. (NOTE: F	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET, 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET, 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET, 4.1 TITLE 4.2 NAME 4.3 STREET, 5.1 TITLE 5.2 NAME 5.3 STREET,	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 feedver 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 anyladyless, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP