

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90058 043 ***150.00

DOCUMENT # P96000050227 1. Entity Name LAKE PULMONARY CRITICAL CARE, P.A.					
Principal Place of Business 1879 NIGHTINGALE LANE B4 TAVARES, FL 32778 US			Mailing Address 1879 NIGHTINGALE LANE B1 TAVARES, FL 32778 US		
2. Principal Place of Business 1876 Nightingale Lane Suite, Apt. #, etc.			3. Mailing Address 1876 Nightingale Lane Suite, Apt. #, etc.		
City & State Tavares, FL			City & State Tavares, FL		
Zip 32778			Country US		
4. FEI Number 59-3387104			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MONTURA, FRANK 1879 NIGHTINGALE LN. B4 TAVARES, FL 32778			7. Name and Address of New Registered Agent Name <u>Montoya, Frank</u> Street Address (P.O. Box Number is Not Acceptable) <u>1876 Nightingale Lane</u> City <u>Tavares</u> FL Zip Code <u>32778</u>		
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 <u>Frank Montoya</u> DATE <u>1/22/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTAÑA, FRANK J 1879 NIGHTINGALE LN TAVARES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Montoya, Frank J 1876 Nightingale Lane Tavares, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VR CIRELLI, ROSEMARY 1879 NIGHTINGALE LN. TAVARES, FL 32778	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cirelli, Rosemary 1876 Nightingale Lane Tavares, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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 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 like empowered.					
SIGNATURE: <u>Frank Montoya</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/22/04</u> 352-742-4651 <small>Daytime Phone #</small>		