

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050227

FILED
Mar 17, 2009
Secretary of State

Entity Name: LAKE PULMONARY CRITICAL CARE, P.A.

Current Principal Place of Business:

1876 NIGHTINGALE LANE
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

1876 NIGHTINGALE LANE
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-3387104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTURA, FRANK
1876 NIGHTINGALE LN.
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

MONTOYA, FRANK J. MD
1876 NIGHTINGALE LN.
TAVARES, FL 32778 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: FRANK J. MONTOYA, M.D.

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONTOYA, FRANK J
Address: 1876 NIGHTINGALE LANE
City-St-Zip: TAVARES, FL

Title: VR () Delete
Name: CIRELLI, ROSEMARY
Address: 1876 NIGHTINGALE LANE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MONTOYA, FRANK J. MD
Address: 1876 NIGHTINGALE LANE
City-St-Zip: TAVARES, FL

Title: VR (X) Change () Addition
Name: CIRELLI, ROSEMARY A. MD
Address: 1876 NIGHTINGALE LANE
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FRANK J. MONTOYA, M.D.

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date