

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90104 004 \*\*\*158.75

60011823



01092007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P97000043123</b> 1. Entity Name N.W. FLORIDA LUNG ASSOCIATES, P.A.					
Principal Place of Business <b>150 E REDSTONE AVE</b> <b>A</b> <b>CRESTVIEW, FL 32539</b>			Mailing Address <b>150 E REDSTONE</b> <b>SUITE A</b> <b>CRESTVIEW, FL 32539</b>		
2. Principal Place of Business - No P.O. Box # <b>322 RACETRACK RD NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>322 RACETRACK RD NE</b> Suite, Apt. #, etc.			
City & State <b>FORT WALTON BEACH FL</b> Zip <b>32547</b>		City & State <b>FORT WALTON BEACH FL</b> Zip <b>32547</b>		4. FEI Number <b>59-3447133</b>	
Country <b>U.S.A</b>		Country <b>U.S. A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HELMICH, KEVIN M</b> <b>4481 LEGENDARY DR. STE. 200</b> <b>DESTIN, FL 32540</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE P NAME GIVEN, MICHAEL J M.D. STREET ADDRESS <b>150 E REDSTONE AVE STE A</b> CITY ST ZIP <b>CRESTVIEW, FL 32539</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>MICHAEL J. GIVEN, M.D.</b> Date: <b>FEB 1 2007</b> Daytime Phone: <b>850-863-3000</b>		