

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90025 016 ***158.75

Apr-28-99 02:46P B111 Carlson Accountant
PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P97000077895 OK ✓
 Corporation Name

SOHAM PULMONARY GROUP, P.A.



Principal Place of Business
 6801 U S 27 North Suite C-3 Sebring FL 33870
 6801 U S 27 North Suite C-3 Sebring FL 33870

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/08/1997	65-0781752	Not Applicable
City & State	City & State	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
Zip	Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
25	29	8. This corporation owes the current year Intangible Personal Property Tax.	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

BHATT, BIPIN C
 6801 U S 27 North
 Suite C-3
 Sebring FL 33870

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

I, Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/27/99

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	BHATT, BIPIN C	1.2 NAME	
STREET ADDRESS	6801 U S 27 North Suite c-3	1.3 STREET ADDRESS	
TY-ST-ZIP	Sebring FL 33870	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
FILE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
TY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
FILE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
TY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
FILE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
FILE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 receiver 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 an address, with all other files empowered.

SIGNATURE: *[Signature]* 4/27/99