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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000100196

PULMONARY EAST ASSOCIATES, INC.

Principal Place	e of Business		IVIC	alling Address						•	
7700 NORTH KE	ENDALL DRIVE			00 North Keni	DALL DRIVE						
SUITE 405				SUITE 405				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33156			MI	MIAMI FL 33156				3. Date Incorporated or Qualifed			
								11/24/1997			
2. Principal Pl	lace of Busines		2a.	Mailing Addre	SS		-	4. FEI Number		1 1	lied For
21			26					65-0798656		Not	Applicable
Suite, Apt. i	#, etc.			Suite, Apt. #,	etc.			5. Certifcate of Status De	sired 🗆	\$8.75 A	
22			27					5. Certificate of Status De	311eU	Fee Red	uired
City & State	e			City & State				6. Election Campaign Fin.	ancing _	\$5.00 N	
23			28					Trust Fund Contribution	n 🗀	Added to	Fees
Zip		Country		Zip		Country		8. This corporation owes	the current year		
24	25		29		30			Personal Property Tax			□No
	9. Name an	d Address of Currer	ıt Regis	stered Agent				10. Name and Address o	f New Registere	ed Agent	
						81	Name		•		
LEITMAN, LORN						82	Street Address (P.O. Box Number is Not Acceptable)				
) north ken	IDALL DRIVE				"	0110017100	e yaya ez etak e e		in agrandaten e tere	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	TE 405					83					
MIAN	MI FL 33156					84	City	1. 14 to 1 2. 14	15th 00 t 00 b	85 Zip C	ode
						-	,		F		
			,					13		of changing its	
11 Pursuant	to the provision	s of Sections 607.050)2 and 6	07.1508, Florid	la Statutes, th	he above	e-named cor	rporation submits this statemen	t for the purpose	Of Changing its	egistered
11. Pursuant office or re	to the provision	s of Sections 607.050 , or both, in the State	2 and 6 of Flori	07.1508, Florid da. Such chang	da Statutes, the	he above	e-named cor the corporat	rporation submits this statement tion's board of directors. I heret	oy accept the ap	pointment as reg	istered
11. Pursuant office or reagent. I a	to the provision egistered agen im familiar with,	s of Sections 607.050 , or both, in the State and accept the obliga	2 and 6 of Flori ations of	607.1508, Florid da. Such chand f, Section 607.0	da Statutes, the ge was author i505, Florida S	he above rized by Statutes	e-named cor the corporat	rporation submits this statement tion's board of directors. I heret	oy accept the app	pointment as reg	istered
agent: Irai	ım familiar with,	and accept the obliga	ations of	r, Section 607.0	Jogo, Florida v	Jialules	•		t for the purpose by accept the app	pointment as reg	egistered istered
agent: I a	ım familiar with,	and accept the obligation accept the obligation and accept the obligation and accept the obligation accept t	ent and title	if applicable.	(NOTE: Regis	Jialules	•	rod when reinstating) ADDITIONS/CHANGES	DATE	·	
agent: Fal SIGNATURE 12.	ım familiar with,	and accept the obliga	ent and title	if applicable.	(NOTE: Regis	stered Ager	•	red when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
agent. Fai	Signature, typed or	orinted name of registered age	ent and title	if applicable.	(NOTE: Regis	stered Ager	•	red when reinstating) = 1950	DATE	AND DIRECTOR	RS IN 12
agent. Fail	Signature, typed or LEITMAN, L	orinted name of registered age OFFICERS AN	ent and title	if applicable.	(NOTE: Regis	stered Ager 13. 1.1 TITLE 1.2 NAME	•	red when reinstating) = 1950	DATE	AND DIRECTOR	RS IN 12
agent. Fail SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or PD LEITMAN, L 7700 NORT	ORN H KENDALL DRIVE	ent and title	if applicable.	(NOTE: Regis	stered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requir	red when reinstating) = 1950	DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or LEITMAN, L	ORN H KENDALL DRIVE	ent and title	if applicable.	(NOTE: Regis	stered Ager 13. 1.1 TITLE 1.2 NAME	nt signature requir	red when reinstating) = 1950	DATE	AND DIRECTOR	RS IN 12
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SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 like empowered.

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90029 018 ***150.00

□ Addition