


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90025 031 ***150.00

DOCUMENT # P97000100196

1. Entity Name
PULMONARY EAST ASSOCIATES, INC.



Principal Place of Business 7700 NORTH KENDALL DRIVE SUITE 405 MIAMI, FL 33156	Mailing Address 7700 NORTH KENDALL DRIVE SUITE 405 MIAMI, FL 33156
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2. Principal Place of Business 8660 W. FLAGLER ST Suite, Apt. #, etc. #200	3. Mailing Address 8660 W. FLAGLER ST Suite, Apt. #, etc. #200
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0798656	Applied For <input type="checkbox"/> Not Applicable
Zip 33144	Country USA	Zip 33144	Country USA

40020



01102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**LEITMAN, LORN
 7700 NORTH KENDALL DRIVE
 SUITE 405
 MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name **LORN LEITMAN**

Street Address (P.O. Box Number is Not Acceptable)
8660 W. FLAGLER ST, #200

City **MIAMI** State **FL** Zip Code **33144**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEITMAN, LORN 7700 NORTH KENDALL DRIVE MIAMI, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8660 W. FLAGLER ST, #200 MIAMI FL 33144
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: Lorn Leitman (Lorn Leitman) Adm Date 2/15/06 Daytime Phone # 305-222-0706