

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000103325

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: PULMONARY MEDICINE ASSOCIATES OF SOUTH FLORIDA CORP.

Current Principal Place of Business:

777 EAST 25TH STREET, SUITE #507
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

P O BOX 1643
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0798485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULMONARY MEDICINE ASSOC OF SF
1125 E 25TH STREET, SUITE #507
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

PULMONARY MEDICINE ASSOC OF SF
777 E 25TH STREET, SUITE #507
HIALEAH, FL 33013 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:

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S (X) Delete
Name: ROIG, PEDRO C
Address: 777 E 25TH STREET, SUITE 507
City-St-Zip: HIALEAH, FL 33013

Title: VP () Delete
Name: FERNANDEZ, ALVARO F
Address: 777 E 25TH STREET, SUITE 507
City-St-Zip: HIALEAH, FL 33013

Title: S () Delete
Name: CHACON, JULIO R
Address: 777 E 25TH STREET, SUITE 507
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: CHACON, JULIO R
Address: 777 E 25TH STREET, SUITE 507
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JULIO R. CHACON

PRES

05/01/2002

Electronic Signature of Signing Officer or Director

Date