2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2011
Secretary of State

DOCUMENT# P98000031157

Entity Name: OCALA PULMONARY ASSOCIATES, P.A.

Current Principal Place of Business:

3221 SW 33RD ROAD
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3221 SW 33RD ROAD
OCALA, FL 34474

New Mailing Address:

FEI Number: 65-0827258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALESTINY, KATHLEEN RN.
3221 SW 33RD ROAD
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: FALESTINY, HANY M.D.
Address: 3221 SW 33RD ROAD
City-St-Zip: OCALA, FL 34474

Title: T
Name: FALESTINY, KATHLEEN RN
Address: 3221 SW 33RD ROAD
City-St-Zip: OCALA, FL 34474

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN FALESTINY, RN T 02/07/2011

Electronic Signature of Signing Officer or Director Date