

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043088

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** PULMONARY MEDICINE ASSOCIATES, P.A.

**Current Principal Place of Business:**

308 E. HAZEL ST  
ORLANDO, FL 32804

**New Principal Place of Business:**

1400 S ORLANDO AVE  
SUITE 101  
WINTER PARK, FL 32789

**Current Mailing Address:**

308 E. HAZEL ST  
ORLANDO, FL 32804

**New Mailing Address:**

1400 S ORLANDO AVE  
SUITE 101  
WINTER PARK, FL 32789

FEI Number: 59-3508768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FLICK, JAMES J  
112 LAKE AVENUE  
ORLANDO, FL 32801 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: PSTD  
Name: HERNANDEZ, JORGE L  
Address: 1400 S ORLANDO AVE STE 101  
City-St-Zip: WINTER PARK, FL 32789

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: JORGE L HERNANDEZ, M.D., FCCP

CEO

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date