

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000078568

FILED
Jan 11, 2005
Secretary of State

Entity Name: AMERICAN LUNG AND SLEEP DISORDERS CONSULTANTS, P.A.

Current Principal Place of Business:

5800 49TH STREET NORTH #S-201
ST. PETERSBURG, FL 33709

New Principal Place of Business:

6223,66TH STREET NORTH
PINELLAS PARK, FL 33781

Current Mailing Address:

5800 49TH STREET NORTH
S-201
ST. PETERSBURG, FL 33709

New Mailing Address:

6223,66TH ST N
PINELLAS PARK, FL 33781

FEI Number: 59-3534545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGRAWAL, RAJESH K M.D.
5800 49TH STREET NORTH #S-201
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

AGRAWAL, RAJESH K M.D.
6223,66TH STREET N
PINELLAS PARK, FL 33781 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: RAJESH K AGRAWAL M.D., FCCP

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: AGRAWAL, RAJESH K M.D.
Address: 5800 49TH STREET NORTH #S-201
City-St-Zip: ST. PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: AGRAWAL, RAJESH K M.D.
Address: 6223,66TH STREET N
City-St-Zip: PINELLAS PARK, FL 33781

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: RAJESH K AGRAWAL M.D., FCCP

DR

01/11/2005

Electronic Signature of Signing Officer or Director

Date