

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080421

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

5800 49TH STREET N
106S
ST PETERSBURG, FL 33709

New Principal Place of Business:

6185 54TH AVE N
ST PETERSBURG, FL 33709

Current Mailing Address:

7635 HUNTER LANE
PINELLAS PARK, FL 33782 US

New Mailing Address:

FEI Number: 59-3532939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITTAL, ASHOK M.D.
5800 49TH STREET N
106S
ST PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

MITTAL, ASHOK M.D.
6185 54TH AVE N
ST PETERSBURG, FL 33709 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: ASHOK MITTAL

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MITTAL, ASHOK M.D.
Address: 7635 HUNTER LANE
City-St-Zip: PINELLAS PARK, FL 33782 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ASHOK MITTAL

MGR

03/24/2009

Electronic Signature of Signing Officer or Director

Date