

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000101318

FILED  
Feb 20, 2002 8:00 AM  
Secretary of State

Entity Name: PROFESSIONAL PULMONARY PROVIDERS, INC.

## Current Principal Place of Business:

11211 LAKEVIEW DRIVE  
CORAL SPRINGS, FL 33071

## New Principal Place of Business:

1850 S. OCEAN BLVD  
#407  
POMPANO BEACH, FL 33062

## Current Mailing Address:

11211 LAKEVIEW DRIVE  
CORAL SPRINGS, FL 33071

## New Mailing Address:

1850 S. OCEAN BLVD.  
#407  
POMPANO BEACH, FL 33062

FEI Number: 65-0879224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDENBERG, PETER  
934 N. UNIVERSITY DRIVE, STE. 208  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

ADLER, SIDNEY  
200 LESLIE DRIVE  
#1102  
HALLENDALE, FL 33009 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: SIDNEY ADLER

02/20/2002

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: P ( ) Delete  
Name: GOLDENBERG, RICHEL  
Address: 11211 LAKEVIEW DR.  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: BOATWRIGHT, MELVIN  
Address: 834 NW 132 AVE  
City-St-Zip: SUNRISE, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FEINBERG, RICHEL  
Address: 1850 S. OCEAN BLVD. #407  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VP (X) Change ( ) Addition  
Name: BOATWRIGHT, MELVIN  
Address: 919 NW 132ND AVE.  
City-St-Zip: SUNRISE, FL 33325 US

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: RICHEL FEINBERG

P

02/20/2002

Electronic Signature of Signing Officer or Director

Date