## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # P99000019537  1. Entity Name PULMONARY PHYSICIANS, P.A.							O7 JUNIA PH 3: 16  ORETARY OF STATE ACLAHASSEE, FLORIDA				
Dringing Dies	a of Business		Mailing Address					LURE	iary (	UF STATI	•
Principal Plac		5	•			ŀ		MLLAH	ASSEE	, EL ORII	ĨΔ
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OCALA, FL 3	34476		OCALA, FL 34476			İ					
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2. Principal P	1ace of Busin	ness - No P.O. Box #	3. Mailing Address			- 1	# <b>                                    </b>				
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				06122007	Chg-P	CR2E	034 (12/06)	
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City & State			City & State				59-3557			<u> </u>	t Applicable
Zip Country		Zip Count							\$8.75 Additional		
Zip		Country	2.0	Coun	iuy		5. Certificate of	of Status Desired		Fee Require	
6 Nov			Pagistand Agest				7 Name and	Address of New D	neistaged	·	-
6. Name and Address of Current Registered Agent					Name		7. Name and 7	Address of New R	egistered	Agent	
ALFRED. I	DEDIN M	ח			Italic						
820 SE 36		.D.			Street Add	dress (F	O. Box Number	r is Not Acceptable	9)		
OCALA, FI											
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					City			•		Zip Cod	<u></u>
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8. The above	named entit	y submits this statement for	or the purpose of changing its	s register	ed office or re	egistere	ed agent, or both	n, in the State of Flo	rida. I am	familiar with,	and accept
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature	required	when reinstating)		ĐATE		
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