

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000019537

1. Entity Name
PULMONARY PHYSICIANS, P.A.



Principal Place of Business
6041 SW 73RD ST RD
OCALA, FL 34476

Mailing Address
PO BOX 3008
OCALA, FL 34476

FILED
07 JUN 14 PM 3:16
CLERK OF STATE
TALLAHASSEE, FLORIDA



06122007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3557176

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFRED, PERIN M.D.
820 SE 36TH LANE
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ALFREDSUNDER, PERIN M.D.
STREET ADDRESS 2917 S.E. 27TH AVENUE
CITY-ST-ZIP Ocala, FL 34471 ☐ Delete

TITLE D
NAME Alfred, Perin, M.D.
STREET ADDRESS 820 SE 36th Lane
CITY-ST-ZIP Ocala, FL 34471 ☒ Change ☐ Addition

TITLE D
NAME ALFRED, LILIAN
STREET ADDRESS 2917 S.E. 27TH AVENUE
CITY-ST-ZIP Ocala, FL 34471 ☐ Delete

TITLE D
NAME Alfred, Lilian
STREET ADDRESS 820 SE 36th Lane
CITY-ST-ZIP Ocala, FL 34471 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perin Alfred, M.D.

6-12-07

352-629-1199

Date

Daytime Phone #

26/14