

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031168

FILED
Mar 11, 2004
Secretary of State

Entity Name: FLORIDA PULMONARY & CRITICAL CARE ASSOCIATES, P.A.

Current Principal Place of Business:

2250 OSPREY BLVD
SUITE 105
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

2250 OSPREY BLVD
SUITE 105
BARTOW, FL 33830 US

New Mailing Address:

P.O. BOX 2186
BARTOW, FL 33831 US

FEI Number: 65-0911180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEOANE, SERGIO B
4935 IRONWOOD TRAIL
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

SEOANE, SERGIO B
P.O. BOX 2186
BARTOW, FL 33831 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:

03/11/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEOANE, SERGIO B
Address: 4935 IRONWOOD TRAIL
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SEOANE, SERGIO B
Address: P.O. BOX 2186
City-St-Zip: BARTOW, FL 33831

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: SERGIO B. SEOANE

PD

03/11/2004

Electronic Signature of Signing Officer or Director

Date