2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004
Secretary of State

DOCUMENT# P99000069635

Entity Name: PULMONARY, CRITICAL CARE & SLEEP DISORDER MEDICINE, P.A.

Current Principal Place of Business:

1717 NORTH "E" STREET SUITE 222
PENSACOLA, FL 32501

New Principal Place of Business:

1717 NORTH E STREET
SUITE 222A
PENSACOLA, FL 32501 US

Current Mailing Address:

1717 NORTH "E" STREET SUITE 222
PENSACOLA, FL 32501

New Mailing Address:

1717 NORTH
PENSACOLA, FL 32501

FEI Number: 59-3589921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAO, RAMMOHAN S M.D.
1717 NORTH "E" STREET SUITE 222
PENSACOLA, FL 32501

Name and Address of New Registered Agent:

RAO, RAMMOHAN S M.D.
1717 NORTH
PENSACOLA, FL 32501

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: 01/22/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RAO, RAMMOHAN S M.D.
Address: 1717 NORTH
City-St-Zip: PENSACOLA, FL 32501

Title: VP ( ) Delete
Name: WADE, JOHN F
Address: 1717 N
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAO, RAMMOHAN S M.D.
Address: 1717 NORTH E STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP (X) Change ( ) Addition
Name: WADE, JOHN F III
Address: 1717 NORTH E STREET
City-St-Zip: PENSACOLA, FL 32501 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: RAMMOHAN S RAO PD 01/22/2004
Electronic Signature of Signing Officer or Director — Date