


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # P99000069635</b>					
<b>1. Entity Name</b> PULMONARY, CRITICAL CARE & SLEEP DISORDER MEDICINE, P.A.					
<b>Principal Place of Business</b> 1717 NORTH E STREET SUITE 222A PENSACOLA FL 32501 US			<b>Mailing Address</b> 1717 NORTH PENSACOLA FL 32501		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3589921	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RAO, RAMMOHAN S M.D. 1717 NORTH PENSACOLA FL 32501				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	RAO, RAMMOHAN S M.D.				
STREET ADDRESS	1717 NORTH E STREET				
CITY- ST- ZIP	PENSACOLA FL 32501				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	WADE, JOHN F III				
STREET ADDRESS	1717 NORTH E STREET				
CITY- ST- ZIP	PENSACOLA FL 32501				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					

**12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date 4/7/05 Daytime Phone #