

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069635

FILED
Apr 06, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
STE 222A
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: WADE, JOHN F III
Address: 1717 NORTH E STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP
Name: RAO, RAMMOHAN S MD
Address: 1717 NORTH E STREET
City-St-Zip: PENSACOLA, FL 32501 US

I hereby 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 all other like empowered.

SIGNATURE: RAMMOHAN S RAO, MD

VP

04/06/2010

Electronic Signature of Signing Officer or Director

Date