

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069635

FILED  
Apr 03, 2012  
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:**

435 AIRPORT BLVD.  
PENSACOLA, FL 32503 US

**Current Mailing Address:**

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

**New Mailing Address:**

435 AIRPORT BLVD.  
PENSACOLA, FL 32503 US

**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:**

RAO, RAMMOHAN S M.D.  
435 AIRPORT BLVD.  
PENSACOLA, FL 32503 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: RAMMOHAN S. RAO, M.D.

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WADE, JOHN F III  
Address: 435 AIRPORT BLVD.  
City-St-Zip: PENSACOLA, FL 32503 US

Title: VP  
Name: RAO, RAMMOHAN S MD  
Address: 435 AIRPORT BLVE.  
City-St-Zip: PENSACOLA, FL 32503 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, M.D.

VP

04/03/2012

Electronic Signature of Signing Officer or Director

Date