

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000107052

**FILED  
Jan 19, 2006  
Secretary of State**

**Entity Name:** PEDIATRIC PULMONARY ASSOCIATES, P.A.

**Current Principal Place of Business:**

880 6TH ST S.  
SUITE 390  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

880 6TH ST S.  
SUITE 390  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** 59-3615413      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EWIG, JEFFREY M M.D  
880 6TH ST S.  
SUITE 390  
ST. PETERSBURG, FL 33701 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: DR      ( ) Delete  
Name: EWIG, JEFFREY M MD  
Address: 2005 CAROLINA AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: DR      ( ) Delete  
Name: KRISEMAN, ANTHONY MD  
Address: 811 S. EDISON AVE.  
City-St-Zip: TAMPA, FL 33606

Title: DR      ( ) Delete  
Name: GONDOR, MAGDALEN MD  
Address: 1024 BAY STREET NE  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JUDITH MARTIN

MGR

01/19/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date