

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000107052

FILED
Jul 07, 2008
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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: DR (X) Change () Addition
Name: GONDOR, MAGDALEN MD
Address: 13751 102ND TERRACE NORTH
City-St-Zip: LARGO, FL 33774

I hereby certify that the information supplied with this filing does not qualify 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 A MARTIN

MGR

07/07/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date