

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 24, 2009  
Secretary of State**

DOCUMENT# P99000107052

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: 13751 102ND TERRACE NORTH  
City-St-Zip: LARGO, FL 33774

**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 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

03/24/2009

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

\_\_\_\_\_ Date