

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S22918**

1. Entity Name

**PULMONARY ASSOCIATES OF PEMBROKE PINES, INC.****FILED****Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90274 034 \*\*\*150.00

Principal Place of Business

**8881 SW 107 AVE  
#212  
MIAMI FL 33176**

Mailing Address

**7700 N. KENDALL DRIVE  
SUITE #415  
MIAMI FL 33156  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0233424**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEITMAN, LORN  
7700 N KENDALL DR #405  
SUITE 107-A  
MIAMI FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<input type="checkbox"/> Delete	<b>BERUSHOK, ROBERT, M.D.</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>2100 E HALLNDLE BCH BLVD</b>		<b>HALLANDALE FL</b>				
	<b>D</b>	<input type="checkbox"/> Delete	<b>MAHARAJH, RAMCHANDRA, MD</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>7071 TAFT ST</b>		<b>HOLLYWOOD FL</b>				
	<b>D</b>	<input type="checkbox"/> Delete	<b>COPLOWITZ, JOEL, M.D.</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>2420 N UNIVERSITY DR</b>		<b>PEMBROKE PINES FL</b>				
	<b>D</b>	<input type="checkbox"/> Delete	<b>LEITMAN, LORN</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>7700 N KENDALL DR #405</b>		<b>MIAMI FL 33156</b>				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)