

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S22918**

1. Entity Name  
**PULMONARY ASSOCIATES OF PEMBROKE PINES, INC.**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90030 010 \*\*\*150.00

0247872 AV

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 & State

City & State

4. FEI Number **65-0233424**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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, 2002 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 **D** ☐ Delete  
NAME **BERUSHOK, ROBERT, M.D.**  
STREET ADDRESS **2100 E HALLNDLE BCH BLVD**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MAHARAJH, RAMCHANDRA, MD**  
STREET ADDRESS **7071 TAFT ST**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **COPLOWITZ, JOEL, M.D.**  
STREET ADDRESS **2420 N UNIVERSITY DR**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEITMAN, LORN**  
STREET ADDRESS **7700 N KENDALL DR #405**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/02 305-229-8940*  
Date Daytime Phone #

CR2E034 (9/01)