

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90049 028 ***150.00

DOCUMENT # S22918

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



Principal Place of Business
**8881 SW 107 AVE
#212
MIAMI, FL 33176**

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

30014143



2. Principal Place of Business
7700 N. KENDALL DR

3. Mailing Address

Suite, Apt. #, etc.
#405

Suite, Apt. #, etc.
#405

01062005 Chg-P CR2E034 (10/03)

City & State
MIAMI FL

City & State

4. FEI Number
65-0233424

Applied For
Not Applicable

Zip
33156

Country
MIAMI-DADE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorn Leitman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/05
Date

305-274-8943
Daytime Phone #