

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90039 015 \*\*\*150.00

**DOCUMENT # S22918**

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



Principal Place of Business  
**7700 KENDALL DRIVE  
#405  
MIAMI, FL 33156**

Mailing Address  
**7700 N. KENDALL DRIVE  
SUITE #405  
MIAMI, FL 33156 US**

2. Principal Place of Business  
**8660 W. FLAGLER ST  
Suite, Apt. #, etc. #200**

3. Mailing Address  
**8660 W. FLAGLER ST  
Suite, Apt. #, etc. #200**



01102006 Chg-P CR2E034 (11/05)

City & State  
**MIAMI FL**  
Zip  
**33144**  
Country  
**USA**

City & State  
**MIAMI FL**  
Zip  
**33144**  
Country  
**USA**

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**

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

**7. Name and Address of New Registered Agent**

Name  
**LORN LEITMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**8660 W. FLAGLER ST, #200**  
City  
**MIAMI FL** Zip Code  
**33144**

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, 2006 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**8660 W. FLAGLER ST, #200  
MIAMI FL 33144**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lorn Leitman**

**1/19/06**

Date

**305-227-5126**

Daytime Phone #