


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90157 050 \*\*\*150.00

<b>DOCUMENT # S22918</b> 1. Entity Name PULMONARY ASSOCIATES OF PEMBROKE PINES, INC.	
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Principal Place of Business 8660 W. FLAGLER ST. #200 MIAMI, FL 33144	Mailing Address 8660 W. FLAGLER ST. #200 MIAMI, FL 33144 US
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**DO NOT WRITE IN THIS SPACE**

40033000



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0233424	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LEITMAN, LORN 8660 W. FLAGLER ST. #200 MIAMI, FL 33144	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERUSHOK, ROBERT, M.D. 2100 E HALLNDLE BCH BLVD HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHARAJH, RAMCHANDRA, MD 7071 TAFT ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPLOWITZ, JOEL, M.D. 2420 N UNIVERSITY DR PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITMAN, LORN 8660 W. FLAGLER ST. #200 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

5/18/07  
Date

305-227-5176  
Daytime Phone #