


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

| | |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # S22918 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 |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0233424 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 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 |
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**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000874060

04/10/08-80103-015 150.00

| 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 | |

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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 - Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/08

305-227-5226