

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S31328

FILED
Apr 15, 2007
Secretary of State

Entity Name: PAN AM PULMONARY GROUP P.A.

Current Principal Place of Business:

701 NW 57 AVE
SUITE 330
MIAMI, FL 33126

New Principal Place of Business:

242 NW 42 AVENUE
FOURTH FLOOR
MIAMI, FL 33126

Current Mailing Address:

701 NW 57 AVE
SUITE 330
MIAMI, FL 33126

New Mailing Address:

242 NW 42 AVENUE
FOURTH FLOOR
MIAMI, FL 33126

FEI Number: 65-0243319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTEGA, RICARDO L
701 N.W. 57 AVENUE
SUITE 330
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

ORTEGA, RICARDO L
242 NW 42 AVENUE
FOURTH FLOOR
MIAMI, FL 33126 US

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: RICARDO L. ORTEGA

04/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ORTEGA, JORGE M M.D
Address: 701 NW 57 AVE., SUITE 330
City-St-Zip: MIAMI, FL 33126

Title: MD () Delete
Name: GONZALEZ, RENE D M.D.
Address: 701 NW 57 AVE., SUITE 330
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ORTEGA, JORGE M M.D
Address: 242 NW 42 AVENUE
City-St-Zip: MIAMI, FL 33126

Title: MD (X) Change () Addition
Name: GONZALEZ, RENE D M.D.
Address: 242 NW 42 AVENUE
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE M. ORTEGA MD

MD

04/15/2007

Electronic Signature of Signing Officer or Director

Date