

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90005 041 \*\*\*150.00



**DOCUMENT # S45867**

1. Entity Name  
**PULMONARY MEDICINE OF VENICE, P.A.**

Principal Place of Business      Mailing Address  
**219 PALERMO PL**                      **219 PALERMO PL**  
**VENICE, FL 34285**                      **VENICE, FL 34285**

2. Principal Place of Business - Ho, P.O. Box #      3. Mailing Address

State, Apt. #, etc.                      State, Apt. #, etc.

City & State                      City & State

Zip                      Country                      Zip                      Country

90005



01162008      Chg-P      CR2E034 (12/06)

4. FEI Number                      Applied F-  
**59-3060573**                      Not Applicable

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**

**VARDI, DAN**  
**1101 SUNSET DRIVE**  
**VENICE, FL 34285**

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 approve the foregoing information.

SIGNATURE: \_\_\_\_\_

**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**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY FEI**

TITLE       Delete  
 NAME      **DP**  
 STREET ADDRESS      **VARDI, DAN**  
 CITY, ST, ZIP      **1101 SUNSET DRIVE**  
                                  **VENICE, FL 34285**

TITLE       Change       Add  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

TITLE       Delete  
 NAME      **T**  
 STREET ADDRESS      **ARENTS, JR., DONALD N.M.D.**  
 CITY, ST, ZIP      **1225 TREE BAY LANE**  
                                  **SARASOTA, FL 34242**

TITLE       Change       Add  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

TITLE       Delete  
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 STREET ADDRESS  
 CITY, ST, ZIP

TITLE       Change       Add  
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 CITY, ST, ZIP

TITLE       Change       Add  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

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 furnished 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 on Block 10 or has been changed, or on an attachment with an address, with all other filers empowered.

**SIGNATURE:**