

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S53570 (5)

1. Corporation Name
MIAMI BEACH PULMONOLOGISTS, P.A.



Principal Place of Business Mailing Address
% MOUNT SINAI MEDICAL CENTER
4300 ALTON ROAD, BLUM BLDG., 4TH FLOOR
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified 05/16/1991	3a. Date of Last Report 02/16/1995
4. FEI Number 65-0263665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
~~175 N.W. FIRST AVE., SUITE 2000~~
~~COURT HOUSE CENTER~~
~~MIAMI FL 33128-9965~~

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 SUITE 3000	
84 City	
MIAMI	FL 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and State of application.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WANNER, ADAM 1660 SO TREASURE DR MIAMI BEACH FL	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V AHMED, TAHIR MD 1020 S GREENAWAY DR CORAL GABLES FL	2. 1 NAME	
STREET ADDRESS	S KRIEGER, BRUCE, MD 5400 N.E. 33RD AVENUE FT. LAUDERDALE FL	3. 1 STREET ADDRESS	
CITY-ST-ZIP	T CHEDIAK, ALEJANDRO MD 440 SAN SERVANDO AVE. CORAL GABLES FL	4. 1 CITY-ST-ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 1 NAME	
STREET ADDRESS		7. 1 STREET ADDRESS	
CITY-ST-ZIP		8. 1 CITY-ST-ZIP	
TITLE		9. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. 1 NAME	
STREET ADDRESS		11. 1 STREET ADDRESS	
CITY-ST-ZIP		12. 1 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 305-674-2610
Date Daytime Phone #

CR2E034 (12/95)