

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Jan 25 1996 8:00 am  
Secretary of State

DOCUMENT # **V34304** (8)

1. Corporation Name

**FLORIDA PULMONARY CONSULTANTS, P.A.**



Principal Place of Business

**400 WEST MORSE BLVD.  
SUITE 220  
WINTER PARK FL 32789**

Mailing Address

**400 WEST MORSE BLVD.  
SUITE 220  
WINTER PARK FL 32789**

3. Date Incorporated or Qualified  
**05/04/1992**

3a. Date of Last Report  
**03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

29 Zip Country

4. FEI Number  
**59-3112245**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAKIH, FAISAL A.  
400 WEST MORSE BLVD.  
SUITE 220  
WINTER PARK FL 32789**

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

11. Pursuant to the provisions of Sections 607.0507 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 607.0504, Florida Statutes.

SIGNATURE

Signature of the Agent or Director

Signature of the Agent or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>P</b>	<input type="checkbox"/> DELETE
2. NAME	<b>FAKIH, FAISAL A.</b>	
3. STREET ADDRESS	<b>400 W. MORSE BLVD., #220</b>	
4. CITY, ST, ZIP	<b>WINTER PARK FL</b>	
5. TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
6. NAME	<b>STEVENSON, DENNIS R.</b>	
7. STREET ADDRESS	<b>400 W. MORSE BLVD. #220</b>	
8. CITY, ST, ZIP	<b>WINTER PARK FL</b>	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Faisal A. Fakih*  
**Faisal A. Fakih, Pres-Treas**

1-18-96 (407) 740-5447

CR2E034 (12/95)