

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V37004

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: BAY AREA PULMONARY CONSULTANTS, P.A.

## Current Principal Place of Business:

1201 5TH AVENUE NORTH  
# 206  
ST. PETERSBURG, FL 33705

## New Principal Place of Business:

## Current Mailing Address:

1201 5TH AVENUE NORTH  
# 206  
ST. PETERSBURG, FL 33705

## New Mailing Address:

FEI Number: 59-3123999      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARVEY, JOHN M. JR.  
1201 5TH AVENUE NORTH  
# 206  
ST. PETERSBURG, FL 33705 US

## Name and Address of New Registered Agent:

HARVEY, JOHN M JR  
1201 5TH AVENUE NORTH  
# 206  
ST. PETERSBURG, FL 33705 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: JOHN M. HARVEY, JR., M.D.

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HARVEY, JOHN M. JR.,  
Address: 1201 5TH AVENUE NORTH, # 206  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VP ( ) Delete  
Name: ABEL, WARREN R M.D.  
Address: 1201 5TH AVENUE NORTH, # 206  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: S ( ) Delete  
Name: THOMAS, BILL  
Address: 1201 5TH AVE N #206  
City-St-Zip: ST PETERSBURG, FL 33705

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HARVEY, JOHN M M.D.  
Address: 1201 5TH AVENUE NORTH, # 206  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: THOMAS, BILL M.D.  
Address: 1201 5TH AVE N #206  
City-St-Zip: ST PETERSBURG, FL 33705

Title: T ( ) Change (X) Addition  
Name: KARAMELAS, DEAN M.D.  
Address: 1201 FIFTH AVENUE NORTH #206  
City-St-Zip: ST. PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN M. HARVEY, JR., M.D.

P

01/03/2005

Electronic Signature of Signing Officer or Director

Date