


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # V37004 1. Entity Name BAY AREA PULMONARY CONSULTANTS, P.A.	
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Principal Place of Business 1201 5TH AVENUE NORTH # 206 ST. PETERSBURG, FL 33705	Mailing Address 1201 5TH AVENUE NORTH # 206 ST. PETERSBURG, FL 33705
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02242006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3123999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE: *Warren R. Abel, M.D.*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1457615
03/17/06-20013-078 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABEL, WARREN R M.D. 1201 5TH AVENUE NORTH, # 206 ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD THOMAS, BILL M.D. 1201 5TH AVENUE NORTH, # 206 ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KARAMPELAS, DEAN M.D. 1201 5TH AVE N #206 ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, JOHN M M.D. 1201 FIFTH AVENUE NORTH #206 ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 indicated 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Warren R. Abel, M.D., PRES.* *Warren R. Abel, M.D.* 2/27/06 (727) 827-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #