

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V49945

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** ORLANDO PULMONARY & CRITICAL CARE ASSOCIATES, P.A.

**Current Principal Place of Business:**

930 S ORANGE AVE  
2ND FLOOR  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

930 S ORANGE AVE  
2ND FLOOR  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 59-3132500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AKULA, GEETHANJALI  
ORLANDO PULMONARY & CRITICAL CARE INC  
930 ORANGE AVE  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GANESH, AKULA  
Address: 930 S ORANGE AVE 2ND FL  
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: SIGN

MD

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date