

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90039 016 ***150.00



DOCUMENT # V71685
 1. Entity Name
PULMONARY ASSOCIATES OF MEMORIAL WEST, INC.

Principal Place of Business
7700 N KENDALL DR
SUITE 415
MIAMI, FL 33156

Mailing Address
7700 N KENDALL DR
SUITE 415
MIAMI, FL 33156



2. Principal Place of Business
8660 W. FLAGLER ST
 Suite, Apt. #, etc. **#200**

3. Mailing Address
8660 W. FLAGLER ST
 Suite, Apt. #, etc. **#200**

01102006 Chg-P CR2E034 (11/05)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0370546

Applied For
 Not Applicable

Zip
33144 Country
USA

Zip
33144 Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LEITMAN, LORN
7700 N KENDALL DR
SUITE 415
MIAMI, FL 33156

7. Name and Address of New Registered Agent
 Name **LORN LEITMAN**
 Street Address (P.O. Box Number is Not Acceptable)
8660 W. FLAGLER ST, #200
 City **MIAMI FL** Zip Code **33144**

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITMAN, LORN 7700 N KENDALL DR #415 MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	8660 W. FLAGLER ST, #200 MIAMI FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lorn Leitman* 1/19/06 305-220-5176
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #