2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V71685

FILED Mar 05, 2009 Secretary of State

Entity Name: PULMONARY ASSOCIATES OF MEMORIAL WEST, INC.

Current Principal Place of Business: New Principal Place of Business:

8660 W FLAGLER ST SUITE 200 8660 W FLAGLER ST SUITE 200

MIAMI, FL 33144 MIAMI, FL 33144 U

Current Mailing Address: New Mailing Address:

8660 W FLAGLER ST SUITE 200 SUITE 200 MIAMI, FL 33144 SMIAMI, FL 33144 US

FEI Number: 65-0370546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEITMAN, LORN

8660 W FLAGLER ST
SUITE 200
MIAMI, FL 33144 US

LEITMAN, LORN
8660 W FLAGLER ST
SUITE 200
MIAMI, FL 33144 US

MIAMI, FL 33144 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: LORN LEITMAN 03/05/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: LEITMAN, LORN, Name: LEITMAN, LORN

 Address:
 8660 W. FLAGLER ST #200
 Address:
 8660 W. FLAGLER ST #200

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:
 MIAMI, FL 33144 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LORN LEITMAN D 03/05/2009