

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # K40172 (4)
1. Corporation Name
SOUTH FLORIDA PULMONARY & CRITICAL CARE ASSOCIAT
ES, P.A.



Principal Place of Business: % ANDRES A. REDONDO
2601 SW 37TH AVE STE 604
MIAMI FL 33133
Mailing Address: % ANDRES A. REDONDO
2601 SW 37TH AVE STE 604
MIAMI FL 33133-2750

3. Date Incorporated or Qualified 10/20/1988
3a. Date of Last Report 04/05/1996
4. FEI Number 65-0081041
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

JORGE SANCHEZ-MASQUES, MD
2601 SW 37TH AVE STE 802
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type of corporate name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE D
2. NAME SANCHEZ-MASQUES, JORGE
3. STREET ADDRESS 13625 S.W. 92 CT.
4. CITY-ST-ZIP MIAMI FL
5. TITLE D
6. NAME REDONDO, ANDRES A.
7. STREET ADDRESS 8860 S.W. 60 AVE.
8. CITY-ST-ZIP MIAMI FL
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/97 3/13/97
(305) 561-1999 0178789

CR2E034 (9/96)