

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90029 035 ***150.00

DOCUMENT # K40172	
1. Entity Name SOUTH FLORIDA PULMONARY & CRITICAL CARE ASSOCIATES, P.A.	

Principal Place of Business 3181 CORAL WAY 2ND FLOOR MIAMI, FL 33145	Mailing Address MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., #2000- MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 200 S. Biscayne Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite # 3900
City & State	City & State Miami, FL
Zip	Zip 33131
Country	Country USA

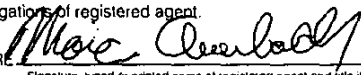


04172008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0081041	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AUERBACH, MARCH ESQ. 201 S. BISCAYNE BLVD. SUITE 2000- MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. Suite # 3900 City Miami FL Zip Code 33131
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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.

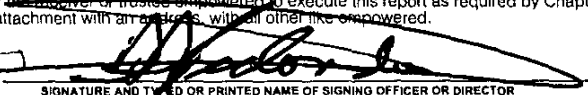
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANCHEZ-MASQUES, JORGE 3181 CORAL WAY, 2ND FLOOR MIAMI, FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REDONDO, ANDRES A. 3181 CORAL WAY, 2ND FLOOR MIAMI, FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANCHEZ, DILIAN 3181 COURTWAY, 2ND FLOOR MIAMI, FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REDONDO, MARIA 3181 CORAL WAY, 2ND FLOOR MIAMI, FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  DATE **4/21/8.** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR