2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2015
Secretary of State
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Entity Name: YERGIN PULMONARY CLINIC, P.A.

Current Principal Place of Business:

3627 UNIVERSITY BLVD. SOUTH
SUITE 300
JACKSONVILLE, FL 32216

Current Mailing Address:

3627 UNIVERSITY BLVD. SOUTH
SUITE 300
JACKSONVILLE, FL 32216

FEI Number: 59-1749210

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YERGIN, BRUCE M., M.D.
3627 UNIVERSITY BLVD. SOUTH
SUITE 300
JACKSONVILLE, FL 32216 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DPTS
Name	YERGIN, BRUCE M., M.D.
Address	3627 UNIV. BLVD. S 300
City-State-Zip:	JACKSONVILLE FL 32216

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: BRUCE M. YERGIN, M.D. PRESIDENT 02/12/2015

Electronic Signature of Signing Officer/Director Detail — Date