

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600883

**Entity Name:** CARDIO-PULMONARY ASSOCIATES MD PA

**Current Principal Place of Business:**

333 NW 70 AVE  
SUITE 116  
FT LAUDERDALE, FL 33317

**Current Mailing Address:**

333 NW 70 AVE  
SUITE 116  
FT LAUDERDALE, FL 33317

**FEI Number:** 59-1233717

**Certificate of Status Desired:** Yes

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

KERSH, ROBERT I  
333 NW 70 AVE  
SUITE 116  
FT LAUDERDALE, FL 33317 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 PTD  
Name KERSH, ROBERT I  
Address 333 NW 70 AVE STE 116  
City-State-Zip: PLANTATION FL 33317

Title VSD  
Name BUHLER, ALAN S  
Address 333 NW 70 AVE STE 116  
City-State-Zip: PLANTATION FL 33317

Title D  
Name SHULMAN, JOEL S  
Address 333 NW 70 AVE STE 116  
City-State-Zip: PLANTATION FL 33317

Title D  
Name SINGAL, ROBERT  
Address 333 NW 70 AVE STE 116  
City-State-Zip: PLANTATION FL 33317

Title D  
Name SAREH, SAM  
Address 333 NW 70 AVE STE 116  
City-State-Zip: PLANTATION FL 33317

*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:** ROBERT KERSH

**PRESIDENT**

**03/06/2013**

Electronic Signature of Signing Officer/Director Detail

Date