

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 611367

**Entity Name:** PULMONARY & INTERNAL MEDICINE ASSOCIATES, INC.

**FILED**  
**Oct 23, 2017**  
**Secretary of State**  
**CC7580225271**

**Current Principal Place of Business:**

2221 S.E. OCEAN BLVD.  
SUITE 100  
STUART, FL 34996

**Current Mailing Address:**

2221 S.E. OCEAN BLVD.  
SUITE 100  
STUART, FL 34996

**FEI Number: 59-1884842**

**Certificate of Status Desired: Yes**

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

LOZEAU, LOUIS E.  
1002 SE MONTEREY COMMONS BLVD.  
SUITE 100  
STUART, FL 34996 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:** LOUIS E. LOZEAU, JR.

**10/23/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY, DIRECTOR  
Name            DERMARKARIAN, ROBERT  
Address        19 CASTLE HILL WAY  
City-State-Zip: STUART FL 34996

Title            VP, TREASURER, DIRECTOR  
Name            CHARNVITAYAPONG, KASEM  
Address        2221 S.E. OCEAN BLVD.  
                 SUITE 100  
City-State-Zip: STUART FL 34996

*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 DERMARKARIAN, M.D.

**PRESIDENT**

**10/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date