

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 611367

Entity Name: PULMONARY & INTERNAL MEDICINE ASSOCIATES, INC.

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: No

Name and Address of Current Registered Agent:

FOX, M. LANNING
3473 SE WILLOUGHBY BLVD
STUART, FL 34994 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 PSD
Name SWEET, MICHAEL E
Address 1225 SE ST. LUCIE BLVD.
City-State-Zip: STUART FL 34996

Title T
Name SWEET, MICHAEL E
Address 1225 SE ST. LUCIE BLVD.
City-State-Zip: STUART FL 34996

Title D
Name DERMARKARIAN, ROBERT
Address 19 CASTLE HILL WAY
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: SILVERMOON TAGGART

**PRACTICE
ADMINISTRATOR**

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date