

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K52062

**Entity Name:** PEDIATRIC PULMONARY & ALLERGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

1 SW 129TH AVE  
# 308  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

1 SW 129TH AVE  
# 308  
PEMBROKE PINES, FL 33027

**FEI Number:** 65-0098557

**Certificate of Status Desired:** No

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

BIRRIEL, JOSE A  
1 SW 129TH AVE  
# 308  
PEMBROKE PINES, FL 33027 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 PD  
Name BIRRIEL, JOSE A  
Address 1 SW 129TH AVE # 308  
City-State-Zip: PEMBROKE PINES FL 33027

Title SD  
Name TALMACIU, ISAAC  
Address 1 SW 129TH AVENUE # 308  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** JOSE A BIRRIEL JR MD

**PRESIDENT**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date