

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000096115

**Entity Name:** PULMONARY ASSOCIATES OF ST. AUGUSTINE, P.A.

**Current Principal Place of Business:**

300 HEALTH PARK BLVD.,  
4000  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

300 HEALTH PARK BLVD.,  
4000  
ST AUGUSTINE, FL 32086

**FEI Number:** 20-1395801

**Certificate of Status Desired:** No

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

HUSAIN, KISHWAR  
300 HEALTH PARK BLVD., SUITE 4000  
ST. AUGUSTINE , FL 32256 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:** KISHWAR HUSAIN

01/21/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPS  
Name HUSAIN, KISHWAR  
Address 300 HELATH PARK BLVD SUITE 4000  
City-State-Zip: ST AUGUSTINE FL 32086

Title TVP  
Name ADUEN, JAVIER MD  
Address 300 HEALTHPARK BLVD, SUITE 4000  
City-State-Zip: ST.AUGUSTINE FL 32086

Title MGR  
Name SAWYER, BRENDA CRT  
Address 300 HEALTH PARK BLVD, SUITE 4000  
City-State-Zip: ST. AUGUSTINE FL 32086

*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:** BRENDA SAWYER

MGR

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date