

2016 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

03/21/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title PRACTICE MANAGER
Name DOUGHFMAN, JIM D
Address 300 HEALTH PARK BLVD.,
4000
City-State-Zip: ST AUGUSTINE FL 32086

Title TVP
Name USMAN, FAISAL DR.
Address 300 HEALTH PARK BLVD.,
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: JIM DOUGHFMAN

PRACTICE MANAGER

03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date