2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2013
Secretary of State
CC4882946238

DOCUMENT# P05000065376

Entity Name: PULMONARY AND SLEEP CENTER OF LAKE CITY P.A.

Current Principal Place of Business:

320 NW TURNER AVE
LAKE CITY, FL 32055

Current Mailing Address:

320 NW TURNER AVE
LAKE CITY, FL 32055

FEI Number: 41-2174969

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUARTE, THERESA A
320 NW TURNER AVE
LAKE CITY, FL 32055 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	PVST
Name	DUARTE, DIOGENES FMD
Address	212 NW LAKE VALLEY TERRACE
City-State-Zip:	LAKE CITY FL 32055

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: DIOGENES DUARTE OFFICER/DIRECTOR 04/20/2013

Electronic Signature of Signing Officer/Director Detail — Date