

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043088

Entity Name: PULMONARY MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

1400 S ORLANDO AVE
SUITE 305
WINTER PARK, FL 32789

Current Mailing Address:

1400 S ORLANDO AVE
SUITE 305
WINTER PARK, FL 32789 US

FEI Number: 59-3508768

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLICK, JAMES J
112 LAKE AVENUE
ORLANDO, FL 32801 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 PSTD
Name HERNANDEZ, JORGE L
Address 1400 S ORLANDO AVE STE 101
City-State-Zip: WINTER PARK FL 32789

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: JORGE L. HERNANDEZ, M.D.

PHYSICIAN/OWNER

01/20/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date