A04000001333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PULMONOLOGY MANAGEMENT, LLLP**
(Name of Limited Partnership)

DOCUMENT NUMBER: A04 000001333

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M. Kramer, Esq.
(Name of Person)

Kramer, Green, Zuckerman, Greene & Buchsbaum, P.A.
(Firm/Company)

4000 Hollywood Boulevard Suite 485-South
(Address)

Hollywood, FL 33021
and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robert M. Kramer, Esq. at (**954**) **966-2112**
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

INHS66(9/03)

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:
PULMONOLOGY MANAGEMENT, LLLP

Insert limited partnership's Florida document number: A04000001333
or
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

PULMONOLOGY MANAGEMENT, LLLP
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **N/A**
(if different from current recorded address):

4. The street address of principal office in Florida: **N/A**
(if different from above)

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5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
X as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____.

7. The name and Florida street address of the partnership's agent for service of process:
Robert M. Kramer, Esq.
4000 Hollywood Boulevard, Suite 485-South
Hollywood, Florida **33021**

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 13TH day of AUGUST, **2004**.

Signature of TWO Partners:

Typed or printed names of partners signing above: **Shobha Bhagchandani**
Lal Bhagchandani

Filing Fee: $25.00
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75