

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000001333

1. Entity Name
PULMONOLOGY MANAGEMENT LLLP



FILED
2005 APR 28 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O SHOBHA BHAGCHANDANI
2825 N STATE ROAD 7, #201
MARGATE, FL 33063

Mailing Address
C/O SHOBHA BHAGCHANDANI
2825 N STATE ROAD 7, #201
MARGATE, FL 33063



04262005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

201498124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAMER, ROBERT M
KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBA
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
HOLLYWOOD, FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$990.00

10. Amount of Capital Contributions
in FLORIDA to date.

990.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME BHAGCHANDANI, SHOBHA
STREET ADDRESS 2825 N STATE ROAD 7, #201
CITY-ST-ZIP MARGATE, FL 33063

STREET ADDRESS

CITY-ST-ZIP

400054919114
05/20/05 01049-016 **141.25

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-25-05

Date

954-917-4941

Daytime Phone #

STAPLE CHECK HERE