

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000001333

FILED
Apr 27, 2009
Secretary of State

Entity Name: PULMONOLOGY MANAGEMENT LLLP

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1498124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

GENERAL PARTNER INFORMATION:

Document #:

Name: BHAGCHANDANI, SHOBHA
Address: 2825 N STATE ROAD 7, #201
City-St-Zip: MARGATE, FL 33063

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHOBHA BHAGCHANDANI

G P

04/27/2009

Electronic Signature of Signing General Partner

Date