

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000008364

**FILED**  
**Feb 22, 2013**  
**Secretary of State**

**Entity Name:** ASSOCIATES OF PULMONARY & CRITICAL CARE, LLC

**Current Principal Place of Business:**

60 W. COLUMBIA ST.  
SUITE F  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560364  
ORLANDO, FL 32856 US

**New Mailing Address:**

FEI Number: 27-1740492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN FLORIDA  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

KELLEY & ASSOCIATES, LLC  
30 SKYLINE DRIVE  
SUITE 200  
LAKE MARY, FL 32746 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: KYLE KELLEY, CPA

02/22/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VARRAUX, ALAN R  
Address: 6139 GREATWATER DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM  
Name: VARRAUX, LORRAINE P  
Address: 6139 GREATWATER DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

I hereby 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALAN VARRAUX

MGRM

02/22/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date