

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000010305

FILED
Jan 26, 2012
Secretary of State

Entity Name: PULMONARY PROPERTIES OF SARASOTA, LLC

Current Principal Place of Business:

1921 WALDEMERE ST
#705
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE ST
#705
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 27-1831319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURWITZ, KENNETH M M.D.
1921 WALDEMERE ST
#705
SARASOTA, FL 34239 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GREGORY FERREIRA, INC.
Address: 1921 WALDEMERE ST #705
City-St-Zip: SARASOTA, FL 34239 US

Title: MGRM
Name: CHEST MEDICINE ASSOCIATES, P.A.
Address: 1921 WALDEMERE ST #705
City-St-Zip: SARASOTA, FL 34239 US

Title: MGRM
Name: KENNETH M. HURWITZ, M.D., LLC
Address: 1921 WALDEMERE ST #705
City-St-Zip: SARASOTA, FL 34239 US

Title: MGRM
Name: RABIH H. LOUTFI, M.D., LLC
Address: 1921 WALDEMERE ST #705
City-St-Zip: SARASOTA, FL 34239 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: KENNETH M HURWITZ MD

MGRM

01/26/2012

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