2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 19, 2017
Secretary of State
CC8281191587

DOCUMENT# A04000001333

Entity Name: PULMONOLOGY MANAGEMENT LLLP

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 20-1498124

Certificate of Status Desired: No

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

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 Detail :

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

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHOBHA BHAGCHANDANI MGR 04/19/2017

Electronic Signature of Signing General Partner Detail — Date