2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2017
Secretary of State
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Entity Name: PULMONARY AND SLEEP SPECIALISTS OF FLORIDA, P.A.

Current Principal Place of Business:

ONE W SAMPLE RD
ONE MEDICAL PLAZA #304
POMPANO BEACH, FL 33064

Current Mailing Address:

ONE W SAMPLE RD #304
POMPANO BEACH, FL 33064

FEI Number: 59-1803105

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOFFBERGER, DARREN S
ONE W SAMPLE RD
#304
POMPANO BEACH, FL 33064 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

Officer/Director Detail :

Title	PD	Title	VP/D
Name	HOFFBERGER, DARREN S	Name	MARTINEZ, JOSE
Address	ONE W SAMPLE RD #304	Address	ONE W SAMPLE RD #304
City-State-Zip:	POMPANO BEACH FL 33064	City-State-Zip:	POMPANO BEACH FL 33064

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARREN HOFFBERGER OWNER 04/06/2017

Electronic Signature of Signing Officer/Director Detail — Date