

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K40172

Entity Name: SOUTH FLORIDA PULMONARY & CRITICAL CARE ASSOCIATES, P.A.**FILED**
Jun 08, 2020
Secretary of State
0781187843CC**Current Principal Place of Business:**3181 SW 22ND STREET
2ND FLOOR
MIAMI, FL 33145**Current Mailing Address:**3181 SW 22ND STREET
SECOND FLOOR
MIAMI, FL 33145 US**FEI Number: 65-0081041****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHRIER, MARTIN T. ESQ.
200 S. BISCAYNE BLVD.
SUITE #3000
MIAMI, FL 33131 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: MARTIN T. SCHRIER****06/08/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D/P
Name	SANCHEZ-MASQUES, JORGE
Address	3181 CORAL WAY, 2ND FLOOR
City-State-Zip:	MIAMI FL 33145

Title	D/VP
Name	REDONDO, ANDRES A.
Address	3181 CORAL WAY, 2ND FLOOR
City-State-Zip:	MIAMI FL 33145

Title	S
Name	SANCHEZ, DILIAN
Address	3181 CORAL WAY, 2ND FLOOR
City-State-Zip:	MIAMI FL 33145

Title	T
Name	REDONDO, MARIA
Address	3181 CORAL WAY, 2ND FLOOR
City-State-Zip:	MIAMI FL 33145

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: ANDRES A. REDONDO**DIRECTOR****06/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date