

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000008364

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

**Current Principal Place of Business:**

1920 DON WICKHAM DRIVE.  
SUITE 125  
CLERMONT, FL 34711

**Current Mailing Address:**

1920 DON WICKHAM DRIVE.  
SUITE 125  
CLERMONT, FL 34711 US

**FEI Number:** 27-1740492

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	VARRAUX, ALAN R	Name	VARRAUX, LORRAINE P
Address	PO BOX 120195	Address	PO BOX 120195
City-State-Zip:	CLERMONT FL 34712	City-State-Zip:	CLERMONT FL 34712

*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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALAN VARRAUX

**PRESIDENT**

**06/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date