

2019 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
Name VARRAUX, ALAN R
Address PO BOX 120195
City-State-Zip: CLERMONT FL 34712

Title MGRM
Name VARRAUX, LORRAINE P
Address PO BOX 120195
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

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date