

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000099457

Entity Name: PULMONARY / CRITICAL CARE AND SLEEP DISORDERS
INSTITUTE OF SOUTH FLORIDA, PLLC

FILED
Jan 30, 2019
Secretary of State
3642063733CC

Current Principal Place of Business:

5401 S. CONGRESS AVENUE
SUITE 204
ATLANTIS, FL 33462

Current Mailing Address:

5401 S. CONGRESS AVENUE
SUITE 204
ATLANTIS, FL 33462 US

FEI Number: 36-4898203

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCARTNEY, SHARI L ESQ.
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 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 MGR
Name SANCHEZ, CARLOS W MD
Address 5401 S. CONGRESS AVENUE, SUITE
204
City-State-Zip: ATLANTIS FL 33462

Title MGR
Name MAIZES, JAY MD
Address 5401 S. CONGRESS AVENUE, SUITE
204
City-State-Zip: ATLANTIS FL 33462

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: CARLOS SANCHEZ

MGR

01/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date