

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000099457

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

**FILED**  
**Feb 25, 2020**  
**Secretary of State**  
**5847064410CC**

**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:**

STROUD, ROBERT S. ESQ.  
C/O BLALOCK WALTERS, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 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: ROBERT S STROUD**

**02/25/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

**MD**

**02/25/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date