

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000047813

Entity Name: ADVANCED PULMONARY RESEARCH INSTITUTE, L.L.C.

Current Principal Place of Business:

13005 SOUTHERN BOULEVARD
SUITE #235
LOXAHATCHEE, FL 33470

Current Mailing Address:

13005 SOUTHERN BOULEVARD
SUITE #235
LOXAHATCHEE, FL 33470 US

FEI Number: 83-4289089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADVANCED PULMONARY RESEARCH INSTITUTE
13005 SOUTHERN BOULEVARD
SUITE #235
LOXAHATCHEE, FL 33470 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: NEAL WARSHOFF

02/06/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WARSHOFF, NEAL R
Address 13005 SOUTHERN BOULEVARD
City-State-Zip: LOXAHATCHEE FL 33470

Title AUTHORIZED MEMBER
Name V MOREIRAS, LIUDMILA
Address 13005 SOUTHERN BOULEVARD,
SUITE #235
City-State-Zip: LOXAHATCHEE FL 33470

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: NEAL WARSHOFF, D.O

MANAGER

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date