## 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000730

Entity Name: LUNG INSTITUTE, LLC

**Current Principal Place of Business:** 

201 E. KENNEDY BOULEVARD, SUITE 425 TAMPA, FL 33602

**Current Mailing Address:** 

201 E. KENNEDY BOULEVARD, SUITE 425 TAMPA, FL 33602 US

FEI Number: 46-1858053 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST. LOUIS, JAMES 201 E. KENNEDY BOULEVARD, SUITE 425 TAMPA, FL 33602 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

**FILED** Mar 03, 2016

**Secretary of State** 

CC9124391707

## Authorized Person(s) Detail:

Title MGR

Name ST. LOUIS, JAMES

201 E. KENNEDY BOULEVARD, SUITE Address

SIGNATURE: JAMES ST. LOUIS

City-State-Zip: TAMPA FL 33602

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.

**CEO** 

Electronic Signature of Signing Authorized Person(s) Detail

03/03/2016

Date