

U31 670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

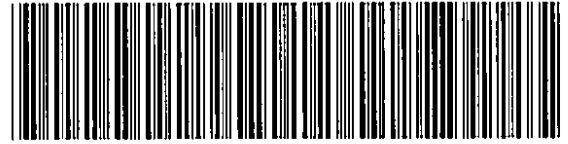
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400408456344

05/15/23--01028--014 **35.00

2023 MAY 15 PM 10:46

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PULMONARY & SLEEP ASSOCIATES OF SOUTH FLORIDA, PA
Name of Corporation

DOCUMENT NUMBER: 631670; FEI NUMBER - 59-1935343

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHADI LOUTFI, MD

Name of Contact Person

PULMONARY & SLEEP ASSOCIATES OF SO FL, PA

Firm/Company

1601 CLINT MOORE ROAD, SUITE 100

Address

BOCA RATON, FL 33487

City/State and Zip Code

cloutfi@lungdocsfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chadi Loutfi, MD

Name of Contact Person

at (561)

665-0613

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2025-11-15 11:02:56

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PULMONARY & SLEEP ASSOCIATES OF SOUTH FLORIDA, PA
2. The principal office address: 1601 CLINT MOORE ROAD, SUITE 100
BOCA RATON, FL 33487
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 08/02/1979 Document number: 631670
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SUSAN E. RUBY (terminated)

1601 CLINT MOORE ROAD, SUITE 100

BOCA RATON, FL 33487

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RALPH PALUMBO, MD

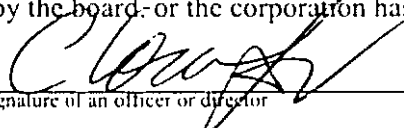
1601 CLINT MOORE ROAD, SUITE 100

P.O. Box NOT acceptable

BOCA RATON, FL 33487

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

CHADI LOUTFI, MD

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

5/10/2021
Date

If signing on behalf of an entity:

Ralph Palumbo
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)