

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021790

FILED
Jan 13, 2009
Secretary of State

Entity Name: PULMONOLOGY AND SLEEP CENTER LLC

Current Principal Place of Business:

2300 SOUTH CONGRESS AVENUE
SUITE 101
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

PO BOX 550
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-1157149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BANDOH, JACQUELINE
10849 LAKE WYNDS CT
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TACKEY, FREDERICK
Address: 2300 SOUTH CONGRESS AVENUE SUITE 101
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM () Delete
Name: BANDOH, JACQUELINE
Address: 2300 SOUTH CONGRESS AVENUE SUITE 101
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: F TACKEY

MANA

01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date