

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90064 021 ****50.00

DOCUMENT # L02000033782

1. Entity Name
LUNG ASSOCIATES OF SARASOTA, LLC



Principal Place of Business
**1895 FLOYD STREET
SARASOTA, FL 34239**

Mailing Address
**1895 FLOYD STREET
SARASOTA, FL 34239**

20002606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

22-3891132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNETH M. HURWITZ, M.D. L.L.C.
1895 FLOYD STREET
SARASOTA, FL 34239**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** **Hurwitz** ☐ Delete
NAME **KENNETH M. HURWITZ, M.D. L.L.C.**
STREET ADDRESS **1895 FLOYD STREET**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **Kenneth M. Hurwitz, MD, LLC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **KIRK G. VOELKER, M.D. P.A.**
STREET ADDRESS **1895 FLOYD STREET**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **TODD K. HORIUCHI, M.D. L.L.C.**
STREET ADDRESS **1895 FLOYD STREET**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **CHEST MEDICINE ASSOCIATES, P.A.**
STREET ADDRESS **1895 FLOYD STREET**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **Chest Medicine Associates, P.A.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Fleegler Kane & Adams, MD's P.A.**
STREET ADDRESS **1895 Floyd St.**
CITY-ST-ZIP **Sarasota, FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Bruce M. Fleegler, MD** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1895 Floyd St**
CITY-ST-ZIP **Sarasota, FL 34239**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **ICV** **K Hurwitz** **1/5/06** **(941) 366-5864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #