## 2007 LIMITED LIABILITY COMPANY

## Feb 02, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L02000033782** 02-02-2007 90033 047 \*\*\*\*50.00 LUNG ASSOCIATES OF SARASOTA, LLC Principal Place of Business Mailing Address 1895 FLOYD STREET 1895 FLOYD STREET SARASOTA, FL 34239 SARASOTA, FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 22-3891132 Not Applicable Zin Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNETH M. HURWITZ, M.D. L.L.C. Street Address (P.O. Box Number is Not Acceptable) 1895 FLOYD STREET SARASOTA, FL 34239 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **MGRM** TITLE ☐ Change ☐ Addition Delete NAME KENNETH, HURWITZ MD,LLC STREET ADDRESS 1895 FLOYD STREET STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP **MGRM** ☐ Change ☐ Addition TITLE ☐ Delete TITLE TODD K. HORIUCHI, M.D. L.L.C. STREET ADDRESS 1895 FLOYD STREET STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP **MGRM** ☐ Delete ☐ Change ☐ Addition TITLE CHEST MEDICINE ASSOCIATES, P.A. NAME NAME STREET ADDRESS 1895 FLOYD STREET STREET ADDRESS SARASOTA, FL 34239 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE **MGRM** ☐ Delete TITLE Change FLEEGLER KANE & ADAMS, MO'S P.A NAME NAME STREET ADDRESS STREET ADDRESS 1895 FLOYD ST CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE MGRM TITLE FLEEGLER, BRUCE M MD NAME NAME STREET ADDRESS 1895 FLOYD ST STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP

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 of the liability comp

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED

☐ Delete

☐ Change

☐ Addition

FILED