

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037901

FILED
Apr 12, 2007
Secretary of State

Entity Name: FLORIDA PULMONARY RESEARCH CENTER, LLC.

Current Principal Place of Business:

1788 W. FAIRBANKS AVE., STE. A-B
WINTER PARK, FL 32789

New Principal Place of Business:

1788 W. FAIRBANKS AVE., STE. B
WINTER PARK, FL 32789

Current Mailing Address:

1788 W. FAIRBANKS AVE., STE. A-B
WINTER PARK, FL 32789

New Mailing Address:

1788 W. FAIRBANKS AVE., STE. B
WINTER PARK, FL 32789

FEI Number: 32-0098735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA PULMONARY RESEARCH
1788 W. FAIRBANKS AVENUE, STE. A
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

FLORIDA PULMONARY RESEARCH
1788 W. FAIRBANKS AVENUE, STE. B
WINTER PARK, FL 32789 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:

04/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FAKIH, FAISAL A
Address: 1788 W. FAIRBANKS AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: LOPEZ, MARIA C
Address: 1788 W. FAIRBANKS AVE, STE B
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA LOPEZ

MGR

04/12/2007

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