

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037901

FILED  
Feb 14, 2008  
Secretary of State

**Entity Name:** FLORIDA PULMONARY RESEARCH CENTER, LLC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

**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:** MARIA LOPEZ

MGR

02/14/2008

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