


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

02-08-2005 90077 049 ****55.00

DOCUMENT # L04000004409	
1. Entity Name PULMONARY & SLEEP SPECIALISTS OF METRO ORLANDO, P.L.	

Principal Place of Business 1419 GLENHEATHER DR WINDERMERE FL 34786	Mailing Address 1419 GLENHEATHER DR WINDERMERE FL 34786
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30002365



1st MOORE

CR2E083 (10/04)

03/14/05

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 550856137	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GIEGEL, EDGAR J 1870 ALOMA AVE, STE 240 WINTER PARK FL 32789	
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7. Name and Address of New Registered Agent	
Name GEIGEL, EDGAR	
Street Address (P.O. Box Number is Not Acceptable) 1419 Glen Heather Dr	
Windermere, FL	
City FL	Zip Code 34786


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  DATE **01/28/05**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEIGEL, EDGAR J 1419 GLEN HEATHER DR WINDERMERE FL 34789-6039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **01/28/05** 03/15/05

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