

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006391

FILED
Apr 28, 2005
Secretary of State

Entity Name: PEDIATRIC PULMONARY SPECIALISTS OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

9981 SOUTH HEALTHPARK DR
FORT MYERS, FL 33908

New Principal Place of Business:

9800 SOUTH HEALTHPARK DR
FORT MYERS, FL 33908

Current Mailing Address:

9981 SOUTH HEALTHPARK DR
FORT MYERS, FL 33908

New Mailing Address:

9800 SOUTH HEALTHPARK DR
FORT MYERS, FL 33908

FEI Number: 20-0648904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1520 ROYAL PALM SQUARE BLVD, STE 320
FORT MYERS, FL 33919 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/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: FAVERIO, LUIS A MGRM
Address: 8860 CYPRESS PRESERVE PL.
City-St-Zip: FORT MYERS, FL 33912 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS A. FAVERIO

MGRM

04/28/2005

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