2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# L04000036093

Entity Name: PULMONARY FORENSIC MEDICINE, L.L.C.

Current Principal Place of Business:

120 GAVILAN AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

120 GAVILAN AVENUE
CORAL GABLES, FL 33143

Current Mailing Address:

120 GAVILAN AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

120 GAVILAN AVENUE
CORAL GABLES, FL 33143

FEI Number: 58-9127744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN DER DIJS, ERIKA
120 GAVILAN AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

VAN DER DIJS, ERIKA
120 GAVILAN AVENUE
CORAL GABLES, FL 33143 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: SUE VAN DER VOORT 02/02/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: FEINGOLD, ALLAN
Address: 120 GAVILAN AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FEINGOLD, ALLAN M.D.
Address: 120 GAVILAN AVENUE
City-St-Zip: CORAL GABLES, FL 33143

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: ALLAN FEINGOLD DR. 02/02/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date