2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# L07000007487

Entity Name: PULMONARY PHYSICIANS DIAGNOSTICS, LLC

Current Principal Place of Business:

3625 NW 82ND AVE. SUITE 408
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

3625 NW 82ND AVE. SUITE 408
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-8048938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAUL, MAUREEN RN
3625 NW 82ND AVE. SUITE 408
MIAMI, FL 33166 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: GUSTMAN, PAUL
Address: 3625 NW 82ND AVENUE, STE. 408
City-St-Zip: DORAL, FL 33166 US

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: MAUREEN FAUL CEO 02/12/2008

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