

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025863

FILED
Jan 22, 2008
Secretary of State

Entity Name: NAPLES PULMONARY-CRITICAL CARE SPECIALISTS, LLC

Current Principal Place of Business:

2520 DAY LILY PLACE
NAPLES, FL 341051320

New Principal Place of Business:

Current Mailing Address:

2520 DAY LILY PLACE
NAPLES, FL 341051320

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALBERT, LAWRENCE H M.D.
2520 DAY LILY PLACE
NAPLES, FL 341051320 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: ALBERT, LAWRENCE H M.D.
Address: 2520 DAY LILY PLACE
City-St-Zip: NAPLES, FL 34105 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: L.H.ALBERTM.D. PRES 01/22/2008

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