

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110864

FILED
Apr 27, 2009
Secretary of State

Entity Name: PRECISION PULMONARY, LLC

Current Principal Place of Business:

8120 4TH STREET NORTH
SUITE 1
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

8120 4TH STREET NORTH
SUITE 1
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 26-1341069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSAY, PHILLIP M
8120 4TH STREET NORTH
SUITE 1
ST. PETERSBURG, FL 33702 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: MGRM () Delete
Name: LINDSAY, PHILLIP M
Address: 4630 HELENA ST. NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGRM () Delete
Name: NEWAN, MICHAEL M
Address: 9416 SILVERHORN RD.
City-St-Zip: LARGO, FL 33777 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHILLIP M. LINDSAY

MGRM

04/27/2009

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