

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001324

FILED
Apr 23, 2009
Secretary of State

Entity Name: PULMONARY REHAB CONSULTANTS LLC

Current Principal Place of Business:

136 SUGAR PLUM DR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

136 SUGAR PLUM DR.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 26-2614615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIVERS, H.B.
245 EAST VIRGINIA STREET
TALLAHASSEE, FL 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: MGMR () Change (X) Addition
Name: BOOMER, NANCY Z
Address: 136 SUGAR PLUM DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: NANCY Z. BOOMER

MGMR

04/23/2009

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