

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090763

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** PULMONARY AND CRITICAL CARE SERVICES, LLC

**Current Principal Place of Business:**

22219 LARKSPUR TRAIL  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

22219 LARKSPUR TRAIL  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 26-3818580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARNETT, JODY L  
11000 PROSPERITY FARMS ROAD  
SUITE 104  
PALM BEACH GARDENS, FL 33410 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  
**Name:** BAKST, ALAN  
**Address:** 22219 LARKSPUR TRAIL  
**City-St-Zip:** BOCA RATON, FL 33433

I hereby 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: ALAN BAKST

DR

03/13/2011

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