2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099744

Entity Name: PULMONARY & SLEEP CLINIC, P.L.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2721 GULF BREEZE PARKWAY 9013 UNIVERSITY PKWY GULF BREEZE, FL 32563 SUITE H

PENSACOLA, FL 32514

Current Mailing Address: New Mailing Address:

P.O. BOX 3710 9013 UNIVERSITY PKWY MILTON, FL 32572 SUITE H
PENSACOLA, FL 32514

FEI Number: 26-3554188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHULTZ, KERRY ANNE ESQ. 2721 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 US OBEID, JACK DR 9013 UNIVERSITY PKWY UNIT H PENSACOLA, FL 32514 US

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: JACKOBEID 01/14/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete Title: DR () Change (X) Addition

 Name:
 Name:
 OBEID, JACK I

 Address:
 Address:
 9013 UNIVERSITY PKWY SUITE H

 City-St-Zip:
 City-St-Zip:
 PENSACOLA, FL 32514

Title: () Delete Title: DR () Change (X) Addition Name: JACK, OBEID I Address: 4511 WOODBINE RD City-St-Zip: PACE, FL 32571

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: JACKOBEID DR 01/14/2009