

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099744

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

9013 UNIVERSITY PKWY  
SUITE H  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

9013 UNIVERSITY PKWY  
SUITE H  
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number:** 26-3554188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OBEID, JACK DR  
9013 UNIVERSITY PKWY  
UNIT H  
PENSACOLA, FL 32514 US

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

KERRY ANNE SCHULTZ, ESQUIRE  
2045 FOUNTAIN PROFESSIONAL COURT  
SUITE A  
NAVARRE, FL 32566 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: KERRY ANNE SCHULTZ, ESQUIRE

03/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OBEID, JACK I  
Address: 9013 UNIVERSITY PKWY SUITE H  
City-St-Zip: PENSACOLA, FL 32514

Title: DR  
Name: JACK, OBEID I  
Address: 4511 WOODBINE RD  
City-St-Zip: PACE, FL 32571

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: JACK I. OBEID

MGRM

03/01/2010

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