

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099744

FILED
Apr 19, 2011
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:

KERRY ANNE SCHULTZ, ESQUIRE
2045 FOUNTAIN PROFESSIONAL COURT
SUITE A
NAVARRE, FL 32566 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: OBEID, JACK I
Address: 9013 UNIVERSITY PKWY SUITE H
City-St-Zip: PENSACOLA, FL 32514

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 OBEID

MGRM

04/19/2011

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