

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108824

**FILED
Mar 15, 2011
Secretary of State**

Entity Name: PASADENA CENTER FOR ASTHMA & LUNG DISORDERS LLC

Current Principal Place of Business:

1615 PASEDNA AVENUE
SUITE 480
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

1615 PASEDNA AVENUE
SUITE 480
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 26-3769693 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOHAMED, ALI MD
1615 PASEDNA AVENUE
SUITE 480
ST. PETERSBURG, FL 33707 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: DR.
Name: MOHAMED, ALI MD
Address: 1615 PASEDNA AVE., SUITE #480
City-St-Zip: ST. PETERSBURG, FL 33707

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: MOHAMED ALI MD 03/15/2011

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