

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000051409

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** TAMPA BAY PULMONARY RESEARCH, LLC

**Current Principal Place of Business:**

311 NOLAND DRIVE  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

311 NOLAND DRIVE  
BRANDON, FL 33511 US

**New Mailing Address:**

**FEI Number:** 27-0255450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENT RUNNELLS, P.A.  
101 MAIN STREET  
SUITE A  
SAFETY HARBOR, FL 34695 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:** ZANCHI, DRAGOS M.D.  
**Address:** 311 NOLAND DRIVE  
**City-St-Zip:** BRANDON, FL 33511 US

**Title:** MGRM  
**Name:** MARTINEZ, RAFAEL A MD  
**Address:** 311 NOLAND DRIVE  
**City-St-Zip:** BRANDON, FL 33511 US

**Title:** MGRM  
**Name:** ACKERMAN, IVAN MD  
**Address:** 311 NOLAND  
**City-St-Zip:** BRANDON, FL 33511 US

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:** DRAGOS G ZANCHI MD

MGRM

04/28/2011

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