

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000089276

FILED
Jan 30, 2011
Secretary of State

Entity Name: NORTH FLORIDA PULMONARY ASSOCIATES LLC

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
1802
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
1802
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-0927705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMADAN, BASSEL
6817 SOUTHPOINT PARKWAY, SUITE 1802
JACKSONVILLE, FL 32216 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: BASSEL, RAMADAN
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32216

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: BASSEL RAMADAN

MGR

01/30/2011

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