2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2010
Secretary of State

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Entity Name: RAUL MOAS, M.D. PULMONARY PRACTICE, LLC

Current Principal Place of Business:

15680 NORTH KENDALL DRIVE, STE. 201
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

15680 NORTH KENDALL DRIVE, STE. 201
MIAMI, FL 33196

New Mailing Address:

FEI Number: 27-1208767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPLAN, HAROLD E
1515 UNIVERSITY DRIVE, STE. 201
CORAL SPRINGS, FL 33071 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: PULMONARY PHYSICIANS OF SOUTH FLORIDA, LLC
Address: 15680 S.W. 88TH STREET STE 201
City-St-Zip: MIAMI, FL 33196

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 Statues.

SIGNATURE: PAUL GUSTMAN MGRM 01/15/2010

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