

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103655

FILED
Jan 15, 2010
Secretary of State

Entity Name: BARRY A. REED, M.D. PULMONARY PRACTICE, LLC

Current Principal Place of Business:

15680 N KENDALL DR
STE 201
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

15680 N KENDALL DR
STE 201
MIAMI, FL 33196

New Mailing Address:

FEI Number: 27-1216830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, HAROLD E
1515 UNIVERSITY DR
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 SUITE 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 Statutes.

SIGNATURE: PAUL GUSTMAN

MGRM

01/15/2010

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