

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103655

**FILED**  
**Jan 31, 2012**  
**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:**

15680 N KENDALL DR  
STE 201  
MIAMI, FL 33196 UN

**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:**

QUINTANA, VILMA  
15680 S.W. 88TH STREET SUITE 201  
MIAMI, FL 33196 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      01/31/2012

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