

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103697

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** JUAN CARLOS ACEVEDO-CRESPO, M.D. PULMONARY PRACTICE, LLC

**Current Principal Place of Business:**

15680 NORTH KENDALL DRIVE, SUITE 201  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

15680 NORTH KENDALL DRIVE, SUITE 201  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 27-1216443

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, SUITE 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 Statutes.

SIGNATURE: PAUL GUSTMAN

MGRM

01/15/2010

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