

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000104007

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** L & C PULMONARY GROUP, 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:** 27-1216520

**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

01/27/2012

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