

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000104011

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** ALLAN FEINGOLD, 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:** 27-1216740

**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:**

QUINTANA, VILMA  
15680 S.W. 88TH STREET  
SUITE 201  
MIAMI, FL 33196 US

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: VILMA QUINTANA

02/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRGM  
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

02/11/2010

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