

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000112660

FILED
Jan 09, 2010
Secretary of State

Entity Name: VOLUSIA PULMONARY AND SLEEP ASSOCIATES LLC

Current Principal Place of Business:

810 WILDWOOD STREET
DAYTONA BEACH, FL 32117

New Principal Place of Business:

810 WILDWOOD STREET
DAYTONA BEACH, FL 32117 US

Current Mailing Address:

810 WILDWOOD STREET
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: 27-1358194 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WAHBA, WAHBA W
810 WILDWOOD STREET
DAYTONA BEACH, FL 32117 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: WAHBA, WAHBA W
Address: 810 WILDWOOD STREET
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: MGRM
Name: D'SOUZA, JOHN
Address: 810 WILDWOOD STREET
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: MGRM
Name: DESAI, SURESH
Address: 810 WILDWOOD STREET
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: MGRM
Name: ANEJA, ARJUN
Address: 810 WILDWOOD STREET
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: MGRM
Name: WHITE, STEVEN R
Address: 810 WILDWOOD STREET
City-St-Zip: DAYTONA BEACH, FL 32117 US

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: WAHBA WAHBA

MGRM

01/09/2010

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