

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000115197

FILED
Jan 15, 2010
Secretary of State

Entity Name: JUAN LOPETEGUI, M.D. PULMONARY PRACTICE, LLC

Current Principal Place of Business:

15680 NORTH KENDALL DRIVE, STE 201
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

15680 NORTH KENDALL DRIVE, STE 201
MIAMI, FL 33196

New Mailing Address:

FEI Number: 27-1462067

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, STE 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 SW 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