

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000074426

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA PULMONARY, CRITICAL CARE & SLEEP CONSULTANTS, PL

**Current Principal Place of Business:**

4129 NORTH ARMENIA AVENUE, SUITE B  
TAMPA, FL 33607

**New Principal Place of Business:**

4129 NORTH ARMENIA AVENUE  
SUITE B  
TAMPA, FL 33607

**Current Mailing Address:**

4129 NORTH ARMENIA AVENUE, SUITE B  
TAMPA, FL 33607

**New Mailing Address:**

4129 NORTH ARMENIA AVENUE  
SUITE B  
TAMPA, FL 33607

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIERRA, KEVIN  
4129 NORTH ARMENIA AVENUE, SUITE B  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

SIERRA, KEVIN  
4129 NORTH ARMENIA AVENUE  
SUITE B  
TAMPA, FL 33607 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: KEVIN SIERRA

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: SIERRA, KEVIN  
Address: 4129 NORTH ARMENIA AVENUE, SUITE B  
City-St-Zip: TAMPA, FL 33607

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: KEVIN SIERRA

D

05/01/2012

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