

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # PQ4000070965

1. Entity Name
LARGO LUNG ASSOCIATES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 28 PM 4:08

Principal Place of Business
13787 BELCHER RD S STE 100
LARGO, FL 33771

Mailing Address
13787 BELCHER RD S STE 100
LARGO, FL 33771

2. Principal Place of Business
13787 BELCHER RD S

3. Mailing Address
13787 BELCHER RD S

Suite, Apt. #, etc.
230

Suite, Apt. #, etc.
230

03132006 REIN-P CR2E098 (11/05)

City & State
LARGO FL

City & State
LARGO, FL

4. FEI Number
27-0088720

Applied For
Not Applicable

Zip
33771

Country

Zip
33771

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EHATTACHARJES, LAKSHMI
13787 BELCHER RD S STE 100
LARGO, FL 33771

Name
LAKSHMI BHATTACHARJEE

Street Address (P.O. Box Number is Not Acceptable)
13787 BELCHER RD S. SUITE 230

City LARGO

FL

Zip Code
33771

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lakshmi Bhattacharjee

(NOTE: Registered Agent signature required when reinstating)

3/15/06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
P
LAKSHMI BHATTACHARJEE
5826 LONG BAYOU WAY S.
ST PETERSBURG, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700069974267
04/10/06--01087--013 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lakshmi Bhattacharjee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 *727 532 8400*

Date

Daytime Phone #

727 532 8400