2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2015
Secretary of State
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Entity Name: PULMONARY & SLEEP ASSOCIATES OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

1601 CLINT MOORE ROAD
SUITE 100
BOCA RATON, FL 33487

Current Mailing Address:

1601 CLINT MOORE ROAD
SUITE 100
BOCA RATON, FL 33487

FEI Number: 59-1935343

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUBY, SUSAN E
1601 CLINT MOORE ROAD
SUITE 100
BOCA RATON, FL 33487 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	T
Name	BAUM, DEBORAH MD	Name	PALUMBO, RALPH MD
Address	1601 CLINT MOORE ROAD SUITE 100	Address	1601 CLINT MOORE ROAD SUITE 100
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	VP	Title	S
Name	LOUTFI, CHADI H MD	Name	BREIT, JEREMY S MD
Address	1601 CLINT MOORE ROAD SUITE 100	Address	1601 CLINT MOORE ROAD SUITE 100
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	VP		
Name	KESSLER-REYES, HEATHER MD		
Address	1601 CLINT MOORE ROAD SUITE 100		
City-State-Zip:	BOCA RATON FL 33487		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH PALUMBO MD MANAGING PARTNER 01/06/2015

Electronic Signature of Signing Officer/Director Detail — Date