

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 631670

Entity Name: PULMONARY & SLEEP ASSOCIATES OF SOUTH FLORIDA, P.A.**FILED**
Jan 20, 2022
Secretary of State
6977174792CC**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
Name	BAUM, DEBORAH MD
Address	1601 CLINT MOORE ROAD SUITE 100
City-State-Zip:	BOCA RATON FL 33487

Title	T
Name	PALUMBO, RALPH MD
Address	1601 CLINT MOORE ROAD SUITE 100
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	LOUTFI, CHADI H MD
Address	1601 CLINT MOORE ROAD SUITE 100
City-State-Zip:	BOCA RATON FL 33487

Title	S
Name	BREIT, JEREMY S MD
Address	1601 CLINT MOORE ROAD SUITE 100
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****01/20/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date