

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K40172

**Entity Name:** SOUTH FLORIDA PULMONARY & CRITICAL CARE ASSOCIATES, P.A.

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC0666014443**

**Current Principal Place of Business:**

3181 CORAL WAY  
2ND FLOOR  
MIAMI, FL 33145

**Current Mailing Address:**

200 S. BISCAYNE BLVD.  
SUITE #3130  
MIAMI, FL 33131 US

**FEI Number: 65-0081041**

**Certificate of Status Desired: No**

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

AUERBACH, MARC HESQ.  
200 S. BISCAYNE BLVD.  
SUITE #3900  
MIAMI, FL 33131 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 D/P  
Name SANCHEZ-MASQUES, JORGE  
Address 3181 CORAL WAY, 2ND FLOOR  
City-State-Zip: MIAMI FL 33145

Title D/VP  
Name REDONDO, ANDRES A.  
Address 3181 CORAL WAY, 2ND FLOOR  
City-State-Zip: MIAMI FL 33145

Title S  
Name SANCHEZ, DILIAN  
Address 3181 COURTWAY, 2ND FLOOR  
City-State-Zip: MIAMI FL 33145

Title T  
Name REDONDO, MARIA  
Address 3181 CORAL WAY, 2ND FLOOR  
City-State-Zip: MIAMI FL 33145

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: ANDRES REDONDO**

**D/VP**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date