

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000049367

**Entity Name:** C & D PULMONARY, P.A.

**Current Principal Place of Business:**

7614 JACQUES ROAD  
HUDSON, FL 34667

**Current Mailing Address:**

7614 JACQUES ROAD  
HUDSON, FL 34667 US

**FEI Number:** 59-3718938

**Certificate of Status Desired:** Yes

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

SORRESSO, JEANETTE  
4255 RIVER BIRCH DR.  
SPRING HILL, FL 34607 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            DIR  
Name            SORRESSO, DOMENICK J DR.  
Address        7614 JACQUES ROAD  
City-State-Zip: HUDSON FL 34667

*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:** DOMENICK J. SORRESSO

CD PULMONARY PA

03/19/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date