

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019310

Entity Name: PULMONARY, CRITICAL CARE & SLEEP SPECIALISTS OF
LAKE COUNTY, P.A.

Current Principal Place of Business:

3121 CITRUS TOWER BLVD
CLERMONT, FL 34711

Current Mailing Address:

P O BOX 386
TAVARES, FL 32778

FEI Number: 20-8440392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JALLOUL, AHMAD MD
5324 RISHLEY RUN WAY
MOUNT DORA, FL 32757 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 DR
Name JALLOUL, AHMAD
Address P O BOX 386
City-State-Zip: TAVARES FL 32778

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: AHMAD JALLOUL

DR

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date