

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046578

Entity Name: TAMPA BAY PULMONOLOGY, P.A.

Current Principal Place of Business:

8425 NORTHCLIFFE BOULEVARD
SUITE 106
SPRING HILL, FL 34606

Current Mailing Address:

8425 NORTHCLIFFE BOULEVARD
SUITE 106
SPRING HILL, FL 34606 US

FEI Number: 20-8852406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANID, YOUSSEF SMD
8425 NORTHCLIFFE BOULEVARD
SUITE 106
SPRING HILL, FL 34606 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 PSTD
Name ANID, YOUSSEF SMD
Address 8425 NORTHCLIFFE BOULEVARD,
SUITE 106
City-State-Zip: SPRING HILL FL 34606

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: YOUSSEF ANID

OFFICER

04/12/2015

Electronic Signature of Signing Officer/Director Detail

Date