**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 23, 2022**
**Secretary of State**
**2902423735CC**

DOCUMENT# P20000030778

**Entity Name:** CORAL SPRINGS PULMONARY MEDICINE, P.A.

**Current Principal Place of Business:**

10752 HAWKS VISTA ST
PLANTATION, FL 33324

**Current Mailing Address:**

10752 HAWKS VISTA ST
PLANTATION, FL 33324 US

**FEI Number: 85-0808438**

**Certificate of Status Desired:** No

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

MEMARPOUR, ROYA
10752 HAWKS VISTA ST
PLANTATION, FL 33324 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 | CEO | Title | CFO |
| Name | TASHTOUSH, BASHEER | Name | MEMARPOUR, ROYA |
| Address | 10752 HAWKS VISTA ST | Address | 10752 HAWKS VISTA ST |
| City-State-Zip: | PLANTATION FL 33324 | City-State-Zip: | PLANTATION FL 33324 |
| Title | AUDITING DIRECTOR | Title | OFFICE MANAGER |
| Name | MEMARPOUR GHIASI, ANITA | Name | MEMARPOUR GHIASSI, KAMROOZ |
| Address | 10752 HAWKS VISTA ST | Address | 10752 HAWKS VISTA ST |
| City-State-Zip: | PLANTATION FL 33324 | City-State-Zip: | PLANTATION FL 33324 |

*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: ROYA MEMARPOUR CEO 04/23/2022

Electronic Signature of Signing Officer/Director Detail — Date