

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000108824

**Entity Name:** PASADENA CENTER FOR ASTHMA & LUNG DISORDERS LLC

**Current Principal Place of Business:**

1615 PASEDNA AVENUE  
SUITE 200  
SAINT PETERSBURG, FL 33707

**Current Mailing Address:**

1615 PASEDNA AVENUE  
SUITE 200  
SAINT PETERSBURG, FL 33707

**FEI Number:** 26-3769693

**Certificate of Status Desired:** Yes

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

MOHAMED, ALI MD  
1615 PASEDNA AVENUE  
SUITE 200  
ST. PETERSBURG, FL 33707 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

**Authorized Person(s) Detail :**

Title DR.  
Name MOHAMED, ALI MD  
Address 1615 PASEDNA AVE., SUITE #200  
City-State-Zip: SAINT PETERSBURG FL 33707

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MOHAMED ALI

**OWNER**

**01/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date