

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108824

Entity Name: PASADENA CENTER FOR ASTHMA & LUNG DISORDERS LLC

Current Principal Place of Business:

5454 CENTRAL AVE
SUITE A
SAINT PETERSBURG, FL 33707-6129

Current Mailing Address:

5454 CENTRAL AVE
SUITE A
SAINT PETERSBURG, FL 33707-6129 US

FEI Number: 26-3769693

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MOHAMED, ALI MD
5454 CENTRAL AVE
SUITE A
ST. PETERSBURG, FL 33707-6129 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: MOHAMED I. ALI

05/03/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DR.
Name MOHAMED, ALI MD
Address 5454 CENTRAL AVE.,
SUITE A
City-State-Zip: SAINT PETERSBURG FL 33707-6129

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 I. ALI

OWNER

05/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date