

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111828

Entity Name: SOUTH FLORIDA PULMONARY, LLC

Current Principal Place of Business:

4760 WEST ATLANTIC AVENUE
SUITE D
DELRAY BEACH,, FL 33445

Current Mailing Address:

10791 EL PARAISO PLACE
DELRAY BEACH, FL 33446

FEI Number: 26-3833525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATEB, DAVID O
10791 EL PARAISO PLACE
DELRAY BEACH, FL 33446 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 MGRM
Name KATEB, DAVID O
Address 10791 EL PARAISO PLACE
City-State-Zip: DELRAY BEACH FL 33446

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: DAVID O. KATEB

MGRM

05/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date