

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000113250

**Entity Name:** FLORIDA PULMONARY RESEARCH INSTITUTE, LLC

**Current Principal Place of Business:**

1788 W. FAIRBANKS AVENUE, SUITE A  
WINTER PARK, FL 32789

**Current Mailing Address:**

1788 W. FAIRBANKS AVENUE, SUITE A  
WINTER PARK, FL 32789

**FEI Number:** 26-3859297

**Certificate of Status Desired:** No

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

MARQUEZ, ANA T  
1788 W FAIRBANKS AVE STE A  
WINTER PARK, FL 32789 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:** ANA T. MARQUEZ

06/16/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FAKIH, FAISAL A  
Address 1788 W. FAIRBANKS AVENUE, SUITE  
A  
City-State-Zip: WINTER PARK FL 32789

Title AUTHORIZED MEMBER  
Name MARQUEZ, ANA TERESA  
Address 27881 SW 139 COURT  
City-State-Zip: HOMESTEAD FL 33032

*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:** ANA T MARQUEZ

COO

06/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date