

2015 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:

MORAN, THOMAS P
111 NORTH ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801 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 MGR
Name FAKIH, FAISAL A
Address 1788 W. FAIRBANKS AVENUE, SUITE
A
City-State-Zip: WINTER PARK FL 32789

Title MGR
Name FAKIH, SORAYA
Address 1788 W FAIRBANKS AVE, STE A
City-State-Zip: WINTER PARK FL 32789

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: FAISAL A. FAKIH, MD

**CHIEF EXECUTIVE
OFFICER**

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date