

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103655

Entity Name: BARRY A. REED, M.D. PULMONARY PRACTICE, LLC

Current Principal Place of Business:

8600 S.W. 92ND STREET
SUITE 204A
MIAMI, FL 33156

Current Mailing Address:

8600 S.W. 92ND STREET
SUITE 204A
MIAMI, FL 33156 US

FEI Number: 27-1216830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINTANA, VILMA
8600 S.W. 92ND STREET
SUITE 204A
MIAMI, FL 33156 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 MANAGER
Name GONZALEZ, HUGO DR.
Address 8600 S.W. 92ND STREET
 SUITE 204A
City-State-Zip: MIAMI FL 33156

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: HUGO GONZALEZ

PRESIDENT

01/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date