

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103655

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

Current Principal Place of Business:

15680 N KENDALL DR
STE 201
MIAMI, FL 33196

Current Mailing Address:

15680 N KENDALL DR
STE 201
MIAMI, FL 33196

FEI Number: 27-1216830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINTANA, VILMA
15680 S.W. 88TH STREET SUITE 201
MIAMI, FL 33196 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 PULMONARY PHYSICIANS OF SOUTH
FLORIDA, LLC
Address 15680 S.W. 88TH STREET SUITE 201
City-State-Zip: MIAMI FL 33196

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: QUINTANA, VILMA

CFO

03/21/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date