

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103697

**Entity Name:** JUAN CARLOS ACEVEDO-CRESPO, M.D. PULMONARY PRACTICE, LLC

**FILED**  
**Mar 03, 2024**  
**Secretary of State**  
**1318132616CC**

**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: 27-1216443**

**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

Title           MANAGER  
Name           PULMONARY PHYSICIANS OF SOUTH  
                  FLORIDA, LLC  
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: VILMA QUINTANA**

**CFO**

**03/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date