

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000102430

**Entity Name:** PULMONARY & SLEEP OF TAMPA BAY, P.L.

**Current Principal Place of Business:**

311 NOLAND DRIVE  
BRANDON, FL 33511

**Current Mailing Address:**

311 NOLAND DRIVE  
BRANDON, FL 33511

**FEI Number:** 27-3584044

**Certificate of Status Desired:** Yes

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

AYLWARD, ROBERT E  
600 S. MAGNOLIA AVE., SUITE 125  
TAMPA, FL 33606 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, PRESIDENT, CEO  
Name           ZANCHI, DRAGOS MD  
Address        311 NOLAND DRIVE  
City-State-Zip: BRANDON FL 33511

Title           MANAGER, VP, SECRETARY,  
TREASURER  
Name           MARTINEZ, RAFAEL MD  
Address        311 NOLAND DRIVE  
City-State-Zip: BRANDON FL 33511

*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:** RAFAEL A MARTINEZ MD

**PARTNER**

**04/26/2016**

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

\_\_\_\_\_  
Date