

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000102430

Entity Name: PULMONARY & SLEEP OF TAMPA BAY, P.L.**Current Principal Place of Business:**4308 N. HABANA AVE
TAMPA, FL 33607**Current Mailing Address:**4308 N. HABANA AVE
TAMPA, FL 33607 US**FEI Number:** 27-3584044**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUGG, JOSEPH ESQ.
401 E JACKSON ST
STE 3100
TAMPA, FL 33602-5228 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:** JOSEPH RUGG

04/30/2023

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: DRAGOS ZANCHI**MANAGING MEMBER**

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date