

2018 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: 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

MGR

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date