2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2021
Secretary of State
2067248939CC

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Entity Name: JACKSONVILLE LUNG CLINIC, LLC

Current Principal Place of Business:

7370 COLLEGE PARKWAY
UNIT #206
FORT MYERS, FL 33907

Current Mailing Address:

7500 RIALTO BLVD., BLDG. 1
SUITE 140
AUSTIN, TX 78735 US

FEI Number: 82-3920888

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 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: CHRISTA PUGH, ASSISTANT SECRETARY 05/01/2021

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	PULIDO, JUAN DANIEL	Name	HNI OF FLORIDA, INC.
Address	7500 RIALTO BLVD., BLDG. 1 SUITE 140	Address	7500 RIALTO BLVD., BLDG. 1 SUITE 140
City-State-Zip:	AUSTIN TX 78735	City-State-Zip:	AUSTIN TX 78735

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: MICHAEL GONZALES CEO 05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date