

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000095775

Entity Name: ASSOCIATES OF PULMONARY MEDICINE LLC

Current Principal Place of Business:

8980 SOUTH US HWY 1
SUITE 102
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

2221 SE OCEAN BLVD
STE 100
STUART, FL 34996

FEI Number: 84-4755927

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARNVITAYAPONG, KASEM
2221 SE OCEAN BLVD
SUITE 100
STUART, FL 34996 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 MGR
Name CHARNVITAYAPONG, KASEM
Address 2221 SE OCEAN BLVD
SUITE 100
City-State-Zip: STUART FL 34996

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: KASEM CHARNVITAYAPONG

MGR

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date