

**2021 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  
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  
8980 SOUTH US HWY 1  
PORT SAINT LUCIE, FL 34952 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 8980 SOUTH US HWY 1  
City-State-Zip: PORT SAINT LUCIE FL 34952

*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

**MANAGER**

**04/26/2021**

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

\_\_\_\_\_  
Date