

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000080662

**Entity Name:** LUNG DISEASE SPECIALISTS CORP

**Current Principal Place of Business:**

4445 ALTON RD  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4445 ALTON RD  
MIAMI BEACH, FL 33140 US

**FEI Number:** 93-4613525

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD STE 1050  
CORAL GABLES, FL 33134 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

**Officer/Director Detail :**

Title PSD  
Name ROMERO-FISCHMANN, DAVID  
Address 4445 ALTON RD  
City-State-Zip: MIAMI BEACH FL 33140

Title VP  
Name IVANOVA, ANASTASIA  
Address 4445 ALTON RD  
City-State-Zip: MIAMI BEACH FL 33140

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID ROMERO-FISCHMANN

**PRESIDENT**

**04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date