


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000016866**  
 1. Entity Name  
**KENNETH M. HURWITZ, M.D. LLC**



Principal Place of Business 1895 FLOYD STREET SARASOTA, FL 34239	Mailing Address 1895 FLOYD STREET SARASOTA, FL 34239
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**DO NOT WRITE IN THIS SPACE**



01192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 27-0022770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HURWITZ, KENNETH M MD  
 1895 FLOYD STREET  
 SARASOTA, FL 34239

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURWITZ, KENNETH M MD 1895 FLOYD STREET SARASOTA, FL 34239
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 01/28/08-80015-017 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: K Hurwitz Kenneth M. Hurwitz 1/19/08 941 366-5864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #