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# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049 001 \*3,150.00  
FILED L04000020832

2005 MAY -9 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000020832

1. Entity Name  
HENRY I. GLICK MD, LLC



Principal Place of Business      Mailing Address

3225 AVIATION AVE., SUITE 500      3225 AVIATION AVE., SUITE 500  
MIAMI, FL 33133-4741      MIAMI, FL 33133-4741

2. Principal Place of Business      3. Mailing Address

7800 S.W. 37th Ave.      Suite, Apt. #, etc.

ste A120      City & State

Miami, FL      City & State

Zip      Country      Zip      Country

33173      U.S.A.



04202005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

YELEN, MITCHELL A  
3225 AVIATION AVE., SUITE 500  
MIAMI, FL 33133-4741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

B. 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 \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                   |                                 | 10. ADDITIONS/CHANGES  |  |
|--|---------------------------------|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | President<br>Robert Boyett, MD<br>8958 S.W. 87 COURT, # 214<br>Miami, FL 33176 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mitchell A. Yelen      atlaslas 305-858-5800

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

Mitchell A Yelen