

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020847

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** KENNETH A. BAER MD, LLC

**Current Principal Place of Business:**

7330 S.W. 62ND PL  
SUITE 330  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

3225 AVIATION AVE.  
SUITE 500  
MIAMI, FL 331334741

**New Mailing Address:**

**FEI Number:** 54-2129332      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

YELEN, MITCHELL A  
3225 AVIATION AVE., SUITE 500  
MIAMI, FL 331334741 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGMR      ( ) Delete  
**Name:** BOYETT, ROBERT M.D.  
**Address:** 8955 S.W. 87 COURT #214  
**City-St-Zip:** MIAMI, FL 33176

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT BOYETT, MD      MGMR      04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date