


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049 001 \*3,150.00  
FILED L04000020855  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # L04000020855</b>			
1. Entity Name <b>LETTY M. VILLA MD, LLC</b>			
Principal Place of Business <b>3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741</b>		Mailing Address <b>3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741</b>	
2. Principal Place of Business <b>1150 Campo Sano Ave</b> <small>Suite, Apt. #, etc.</small> <b>STE. 420</b> <small>City &amp; State</small> <b>Coral Gables FL</b>		3. Mailing Address <small>Suite, Apt. #, etc.</small>  <small>City &amp; State</small>  	
<small>Zip</small> <b>33140</b>		<small>Country</small> <b>U.S.A.</b>	
<small>Zip</small> <b>33140</b>		<small>Country</small> <b>U.S.A.</b>	
4. FEI Number <b>54-2129332</b>		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 <b>YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741</b>		7. Name and Address of New Registered Agent <small>Name</small>  <small>Street Address (P.O. Box Number is Not Acceptable)</small>   <small>City</small> <b>FL</b> <small>Zip Code</small>	
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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 606, Florida Statutes.			
SIGNATURE: <u>Mitchell A. Yelen</u>		Date: <u>04/25/05</u> Daytime Phone #: <u>305-858-5800</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

Mitchell A Yelen