## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 01, 2007 08:00 A Secretary of State

Phrecipal Pieza o I Sustiness 1 150 CARPO SAND AVE 3225 ANATION AVE 3225 ANATION AVE 3225 ANATION AVE 3226 A	1. Entity Nar	MENT # L04000020 M. VILLA MD, LLC	0855				Secretary	y of St
Sulfa Apt * vito.	1150 CAMP Suite 420	O SANO AVE	3225 AVIATION AVE SUITE 500	41			E 88  78    8    88  0) (8  0) 8  01	<b>     </b>
City & State  Ci	2. Principal I	Place of Business - No P.O. Box #	3. Mailing Address					
Secretary   Secr	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007	Chg-LLC	CR2E083 (12/06)	)
S. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fords. I am femiliar with and accept the obligations of registered agent, or both, in the State of Fords. I am femiliar with and accept the obligations of registered agent, or both, in the State of Fords. I am femiliar with and accept the obligations of registered agent, or both, in the State of Fords. I am femiliar with and accept the obligations of registered agent, or both, in the State of Fords. I am femiliar with and accept the obligations of registered agent, or both, in the State of Fords. I am femiliar with and accept the obligations of registered agent, or both, in the State of Fords. I am femiliar with and accept the obligations of registered agent, or both, in the State of Fords. I am femiliar with and accept the obligations of registered agent, or both, in the State of Fords. I am femiliar with and accept the obligations of registered agent, or both, in the State of Fords. I am femiliar with and accept the obligations of registered agent, or both, in the State of Fords. I am femiliar with and accept the fords agent, or both, in the State of Fords. I am femiliar with and accept the fords agent, or both, in the State of Fords. I am femiliar with and accept the fords agent, or both, in the State of Fords. I am femiliar with and accept the fords agent, or both, in the State of Fords agent, or both, in	City & State		City & State			L		
VELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500	Zip	Country	Zip	Country	5. Certificat	e of Status Desired		
STEEL MITCHELLA 32133-4741  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State of Florida. Turn familiar with, and accept the diagnosm of registered agent, or both, in the State Addition.  The state Addition familiar with and accept the diagnosm of the familiar with and accept the diagnosm of the diagn	•	6. Name and Address of Curren	t Registered Agent	None	7. Name an	d Address of New F	Registered Agent	· · · · · · · · · · · · · · · · · · ·
City FL Zip Code  8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the displations of registered agent.    Signature   Section of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the displations of registered agent.   State of Florida.   State of Flor	YELEN, M	IITCHELL A		rvame				
B. The above named onlify submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Filling Fee Is \$50.00   Make check payable to Florida Department of State				Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and soccept the obligations of registered agent.    Signature   Signatur				City	<del></del> .		F1 Zip Coo	de
Filling Fee is \$50.00 Due by May 1, 2007    Make check payable to Florida Department of State   Provide State   Provide State	8. The above the obliga	named entity submits this statement fittions of registered agent.	or the purpose of changing it	ts registered office or regis	stered agent, or b	oth, in the State of Flo	orida. I am familiar with	and accept
9: MANAGING MEMBERS/MANAGERS 10: ADDITIONS/CHANGES  TITLE MGMR BOYETT, ROBERT MD BOYETT, ROBERT MD STREET ADDRESS CITY-ST-2P MIAMM, FL 33176  TITLE MIAMM, FL 33176  TITLE MIAMM, FL 33176  TITLE MIAMM, FL 33176  TITLE MARE STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-S	SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NO	TE: Registered Agent signature requ	ired when reinstating)		DATE	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  1. I hereby certify that the information supplied with this filling 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:  SIGNATURE:  NAME STREET ADDRESS CITY-ST-ZIP  Addition NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Addition NAME STREET ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  Addition NAME STREET ADDRESS CITY-ST-	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  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:  April 25, 2007 305-273-4641	NAME STREET ADDRESS		☐ Delete	NAME STREET ADORESS	- 111 112		☐ Change	☐ Addition
indicated on this report is true and accurate and that my signature shall have the same legal affect 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:  Odd Whencert E. Boyett, MD April 25, 2007 305-273-4641	NAME STREET ADDRESS		Delete .	NAME STREET ADDRESS			☐ Change	Addition
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