



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # L04000020874 | | | |  | |
| 1. Entity Name GEOFFREY N. JAMES M.D. & JASON S. JAMES M.D., LLC | | | | | |
| Principal Place of Business 7800 SW 87TH AVE, STE A120 MIAMI, FL 33173 | | | Mailing Address 3225 AVIATION AVE, STE 500 MIAMI, FL 33133 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGMR BOYETT, ROBERT E 8955 SW 87 CT, #214 MIAMI, FL 33173 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000751282 05/18/07-80090-001 750.00 | |
| 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 | |
| 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 | |
| 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 | |
| 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 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: | |  | | Robert E. Boyett, MD April 25, 2007 305-273-4641 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |