


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90180 001 *2,636.25

DOCUMENT # L04000020876

1. Entity Name
 LINDA D. GREEN MD, LLC



Principal Place of Business
 1725 UNIVERSITY DRIVE
 325
 CORAL SPRINGS, FL 33071

Mailing Address
 3225 AVIATION AVE, STE 500
 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

J0007001



04302008No Chg-LLC CR2E083 (12/07)

4. FEI Number 54-2129332	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR BOYETT, ROBERT E 8955 SW 87 COURT, #214 MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE

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 4/30/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #