

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049001 \*3,150.00

FILED L04000020880

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY -9 AM 11:17

DOCUMENT # L04000020880

1. Entity Name  
I. ANTHONY CARDELLA MD, LLC



Principal Place of Business  
3225 AVIATION AVE., SUITE 500  
MIAMI, FL 33133-4741

Mailing Address  
3225 AVIATION AVE., SUITE 500  
MIAMI, FL 33133-4741

2. Principal Place of Business

1150 Campo Sano

Suite, Apt. #, etc.  
Ste. 400

City & State  
Coral Gables, FL

Zip  
33146

Country  
U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number

54-2129332

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  Change  Addition  
President  
Robert Boyett MD  
8955 SW 87 Court, # 214  
Miami, FL 33176

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  Change  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 608, Florida Statutes.

SIGNATURE: Mitchell A. Yelen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/25/05 305-858-5800

Date

Daytime Phone #

Mitchell A. Yelen