

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-28-2007 90152 041 ****50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/06)

DOCUMENT # L05000101822 1. Entity Name GREENLIGHT MEDICAL OFFICES, LLC					
Principal Place of Business 1415 MESSINA AVENUE CORAL GABLES FL 33134			Mailing Address 1415 MESSINA AVENUE CORAL GABLES FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-3661900	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PEDROZO, ALEJANDRO III 1415 MESSINA AVENUE CORAL GABLES FL 33134			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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEDROZO, ALEJANDRO III 1415 MESSINA AVENUE CORAL GABLES FL 33134	☐ Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Date: 2-8-07					