


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90111 013 \*\*\*\*50.00

**DOCUMENT # L98000000198**  
 1. Entity Name  
**SERGIO J. CABRERA, M.D., P.L.**



Principal Place of Business      Mailing Address  
**550 W. REDSTONE AVENUE, STE. 470**      **550 W. REDSTONE AVENUE, STE. 470**  
**CRESTVIEW, FL 32536**      **CRESTVIEW, FL 32536**

**DO NOT WRITE IN THIS SPACE**



02272004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>59-3492937</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CABRERA, SERGIO J**  
**550 REDSTONE AVE W**  
**STE 470**  
**CRESTVIEW, FL 32536**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

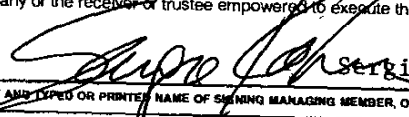
**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CAPUTO, ROBERT S TRUSTEE</b> <b>4578 LIVE OAK CHURCH ROAD</b> <b>CRESTVIEW, FL 32536</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CABRERA, SERGIO J MD</b> <b>4578 LIVE OAK CHURCH ROAD</b> <b>CRESTVIEW, FL 32536</b>
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**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:**  **Sergio J. Cabrera**      **850-689-2223**

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