

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000002702

**FILED**  
**Feb 16, 2007**  
**Secretary of State**

**Entity Name:** DONNA M. PINELLI, M.D., L.C.

**Current Principal Place of Business:**

946 POMPANO DRIVE  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1490  
JUPITER, FL 334681490

**New Mailing Address:**

**FEI Number:** 65-0876881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PINELLI, DONNA MD,LC  
946 POMPANO DRIVE  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

PINELLI, DONNA M MD,LC  
946 POMPANO DRIVE  
JUPITER, FL 33458 US

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.

**SIGNATURE:** DONNA M. PINELLI, M.D.

02/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** PINELLI, DONNA M  
**Address:** 946 POMPANO DRIVE  
**City-St-Zip:** JUPITER, FL 33458

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** DONNA M PINELLI, M.D.

MGR

02/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date