


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90283 038 \*\*\*\*55.00

<b>DOCUMENT # L04000054440</b>	
1. Entity Name <b>PALM BEACH INTERNAL MEDICINE, LLC</b>	

Principal Place of Business <b>3401 PGA BOULEVARD STE. 330 PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>3401 PGA BOULEVARD STE. 330 PALM BEACH GARDENS FL 33418</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number <b>33-1096450</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>HALICKMAN, DOREEN BONADIE 102 OLIVERA WAY PALM BEACH GARDENS FL 33418</b>		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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DHARIA, RUPESH R M.D. 18671 COLLINS AVENUE APT 1204 SUNNY ISLES BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** RR DHARIA 1-30-05 561-776-8891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #