# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000022108**

**1.** Entity Name
200 MEDICAL PLAZA, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1050 N.W. 15TH STREET STE. 202A<br>BOCA RATON, FL 33486 | 1050 N.W. 15TH STREET STE. 202A<br>BOCA RATON, FL 33486 |

## DO NOT WRITE IN THIS SPACE

07052005 No Chg-LLC          CR2E083 (10/03)

**4.** FEI Number
20-0209432

Applied For
Not Applicable

**5.** Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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

MOORE, W. RODGERS ESQ
2424 NORTH FEDERAL HIGHWAY STE. 456
BOCA RATON, FL 33431

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**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 September 7, 2005**

**9.**                    MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | P |
| NAME | PLATIS, EMMANUEL |
| STREET ADDRESS | 1050 NW 15TH STREET #202 |
| CITY-ST-ZIP | BOCA RATON, FL 33486 |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000372634
07/13/05-80010-007 50.00

## DO NOT WRITE IN THIS SPACE

**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: _____   7-6-05   561-391-6661

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