

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000116492

1. Entity Name  
201 GARDENS MEDICAL PARK LLC



Principal Place of Business  
3345 BURNS ROAD  
204  
PALM BEACH GARDENS, FL 33410

Mailing Address  
3345 BURNS ROAD  
204  
PALM BEACH GARDENS, FL 33410



01292008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5989615

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

MONTANO, DONALD  
3345 BURNS ROAD  
204  
PALM BEACH GARDENS, FL 33410

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000313541  
05/08/08-80022-007 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MONTANO, DONALD  
3345 BURNS ROAD, SUITE 204  
PALM BEACH GARDENS, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JOHNSON, KEVIN  
105 RAINBOW FISH CIR  
JUPITER, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

*Donald Montano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/16/08  
Date

Daytime Phone #