## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004774

Entity Name: GARFIELD A. MUNROE, M.D., P.L.

FILED Apr 21, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9009 PINES BLVD 12717 WEST SUNRISE BLVD. PEMBROKES PINES, FL 330246440 US

STE. 375

PLANTATION, FL 33025

**Current Mailing Address: New Mailing Address:** 

9009 PINES BLVD 12717 WEST SUNRISE BLVD. PEMBROKES PINES, FL 330246440 US

STE. 375

PLANTATION, FL 33025 US

FEI Number: 65-1000104 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JUMPING JAX TAX, INC JUMPING JAX TAX, INC 1940 HARRISON ST. STE 201B 1940 HARRISON ST., STE 201B HOLLYWOOD, FL 330205072 US HOLLYWOOD, FL 330205072 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: JOHN J. MALERBA, PRESIDENT 04/21/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM ( ) Delete Title: (X) Change ( ) Addition

MUNROE, GARFIELD A M.D. MUNROE, GARFIELD A M.D. Name: Name: Address: 9009 PINES BLVD Address: 12717 WEST SUNRISE BLVD., STE. 375

City-St-Zip: PEMBROKE PINES, FL 330246440 US City-St-Zip: PLANTATION, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARFIELD A. MUNROE 04/21/2005