2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# L00000007518

Entity Name: BARTZOKIS, SECKLER & RUBENSTEIN, M.D., P.L.

Current Principal Place of Business:

1000 NW 9TH COURT, SUITE 101
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1000 NW 9TH COURT, SUITE 101
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-1008567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTZOKIS, THOMAS C M.D.
1000 NW 9TH COURT, SUITE 101
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARTZOKIS, THOMAS M
Address: 1000 NW 9TH COURT, SUITE 101
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete
Name: SECKLER, JONATHAN I
Address: 1000 NW 9TH COURT, SUITE 101
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete
Name: RUBENSTEIN, MARK H
Address: 1000 NW 9TH COURT, SUITE 101
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS BARTZOKIS MGRM 01/14/2008

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