

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000012140**

1. Entity Name  
**SOLUTIONS FOR MEDICAL BUSINESS, LLC**



Principal Place of Business  
**3601 W. COMMERCIAL BLVD.  
SUITE 4 & 5  
FT. LAUDERDALE, FL 33309**

Mailing Address  
**3601 W. COMMERCIAL BLVD.  
SUITE 4 & 5  
FT. LAUDERDALE, FL 33309**



01182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1044387**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**MELI, RICHARD M.D.  
3601 W. COMMERCIAL BLVD.  
SUITE 4 & 5  
FT. LAUDERDALE, FL 33309**

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**U00000308743  
04/16/05-80010-006 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KOLBERT, PAUL MD 5505 N. MILITARY TRAIL #313 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SNYDER, SCOTT MD 3211 N. 39 ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MELI, RICHARD M.D. 3601 W. COMMERCIAL BLVD STE 4 & 5 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:**

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

**4/8/05 954 485 5066**

Date

Daytime Phone # 131