

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 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



02042008 No Chg-LLC

CR2E083 (12/07)

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

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

U000000913407
05/08/08-80015-001 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

Date

Daytime Phone #

Richard Meli RICHARD MELI, MD 2/4/08 954 4852002