

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

7/21/

FILED
Aug 09, 2004 8:00 am
Secretary of State

07-21-2004 90099 004 ***550.00

DOCUMENT # L01000000744

1. Entity Name
HAND AND PERIPHERAL NERVE SPECIALISTS, P.L.



Principal Place of Business
**8940 N. KENDALL DRIVE #904 E
MIAMI, FL 33176**

Mailing Address
**P.O. BOX 43-0942
MIAMI, FL 33243**

34009801



07112004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0673357

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHN A.I. GROSSMAN, M.D., F.A.C.S., P.A.
8940 N. KENDALL DRIVE #904 E
MIAMI, FL 33176**

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
GROSSMAN, JOHN A
8940 N. KENDALL DRIVE -SUITE 904E
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

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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

8/2/04 305 666-2004

Date

Daytime Phone #