

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000002103**

1. Entity Name  
**DRS. BERGHASH & LANZA, P.L.**



Principal Place of Business  
**1916 HIGHWAY 441, NORTH  
 OKEECHOBEE, FL 34972**

Mailing Address  
**1801 SE HILLMOOR DR.  
 SUITE B105  
 PORT SAINT LUCIE, FL 34952**

**DO NOT WRITE IN THIS SPACE**



04092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1075371</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**DEC CONSULTANTS, INC.  
 5070 HIGHWAY A1A NORTH  
 SUITE 221  
 VERO BEACH, FL 32983-1216**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERGHASH, LESLIE R MD 3495 SW FOREST HILLS CT. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LANZA, JOHN T MD 7893 SADDLEBROOK DRIVE PORT ST. LUCIE, FL 34986
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U00000150776  
 05/04/04-80020-006 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* 4/24/04 772-398-9911  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #