

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002103

**FILED**  
**Feb 19, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

1801 SE HILLMOOR DRIVE  
SUITE #B-105  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-1075371      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BOULEVARD  
SUITE A-210  
VERO BEACH, FL 32960 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: BERGHASH, LESLIE R MD  
Address: 3495 SW FOREST HILLS CT.  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete  
Name: LANZA, JOHN T MD  
Address: 7893 SADDLEBROOK DRIVE  
City-St-Zip: PORT ST.LUCIE, FL 34986

**ADDITIONS/CHANGES:**

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: BETH HARRIS

MGR

02/19/2008

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