

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000005126

1. Entity Name

FRANK WARREN TOUB, M.D., P.L.C.



Principal Place of Business

501 LIVE OAK STREET
NEW SMYRNA BEACH FL 32168

Mailing Address

501 LIVE OAK STREET
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3715258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANK WARREN TOUB, M.D.
501 LIVE OAK STREET
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
FRANK WARREN TOUB, M.D.
501 LIVE OAK STREET
NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U00000672105
03/28/07-80056-004 50.00

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #