

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 28, 2008 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 (10/07)

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

7. Name and Address of New Registered Agent

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

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's signature required when transferring)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 000000929664
05/21/08-80078-005 138.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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 #