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

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90090 007 ***143.75

6000662U

1st MOORE CR2E083 (10/07)

DOCUMENT # L01000008978

1. Entity Name
MALEK HANANO, MD, PLLC

Principal Place of Business	Mailing Address
5231 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE FL 34786-8900	5231 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE FL 34786-8900

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5694 Windhover Drive	5694 Windhover Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, Florida	City & State: ORLANDO, Florida
Zip: 32819 Country: Orange	Zip: 32819 Country: Orange

4. FEI Number 26-4437150 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANANO, MALEK
5231 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE FL 34786-8900

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 $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 NAME STREET ADDRESS CITY-ST-ZIP	MGR HANANO, MALEK 5231 ISLEWORTH C. CIUO DR WINDERMERE FL 34786-8900	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5694 Windhover Drive Orlando, Florida 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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] 1/27/08 407-363-3449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #