2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Mar 11, 2005 8:00 am
Secretary of State

02-02-2005 90151 006 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L01000011042

1. Entity Name
JOSE LOPEZ-CINTRON M.D. LLC

Principal Place of Business	Mailing Address
938 SAXON BLVD 102 ORANGE CITY FL 32763	P.O. BOX 741044 ORANGE CITY FL 32774-1044

2. Principal Place of Business	3. Mailing Address
2720 REBECCA LANE	SAME
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc.
City & State ORANGE CITY FL	City & State
Zip 32763 Country U.S.A	Zip Country

4. FEI Number 59-3752881 — 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
LOPEZ, JOSE A MD 208 NEW GATE LOOP LAKE MARY FL 32746	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 _____ DATE 1/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST LOPEZ, JOSE A MD 208 NEW GATE LOOP LAKE MARY FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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: _____ JOSE A. LOPEZ-CINTRON 1/25/05 (386) 774-9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #