

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

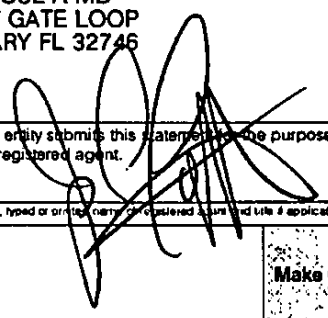
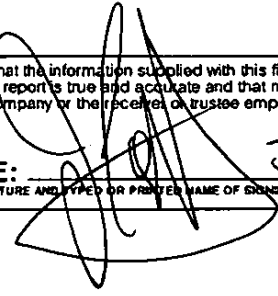
FILED
Mar 11, 2005 8:00 am
Secretary of State

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 938 SAXON BLVD 102 ORANGE CITY FL 32763		Mailing Address P.O. BOX 741044 ORANGE CITY FL 32774-1044	
2. Principal Place of Business 2720 REBECCA LANE		3. Mailing Address 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 LOPEZ, JOSE A MD 208 NEW GATE LOOP LAKE MARY FL 32746		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  DATE 1/25/05 Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-registering)			
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	POST 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 #	