

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018793

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: SMITH, MATZA & KUTNER, LLC.

**Current Principal Place of Business:**

10095 N. KENDALL DRIVE  
SUITE 102  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10095 N. KENDALL DRIVE  
SUITE 102  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 65-1154610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLIFFORD A. KORNFIELD, ESQ., P.A.  
11400 SW 68 COURT  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

CLIFFORD A. KORNFIELD, ESQ., P.A.  
10095 N. KENDALL DR  
MIAMI, FL 33176 US

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.

SIGNATURE:

01/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, ERIC S MD  
Address: 10095 N. KENDALL DRIVE, #102  
City-St-Zip: MIAMI, FL 33175

Title: MGRM ( ) Delete  
Name: KUTNER, MARK E MD  
Address: 10095 N. KENDALL DRIVE, #102  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, ERIC S MD  
Address: 10095 N. KENDALL DRIVE, #102  
City-St-Zip: MIAMI, FL 33176

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIC S. SMITH, M.D.

MGRM

01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date