

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003502

FILED
Apr 30, 2004
Secretary of State

Entity Name: NURIA LAWSON, M.D., P.L.

Current Principal Place of Business:

7150 WEST 20TH AVE., STE. 215
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7150 WEST 20TH AVE., STE. 215
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 04-3621886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, NURIA M.D.
7150 WEST 20TH AVE., STE. 215
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LAWSON, NURIA M.D.
Address: 7150 WEST 20TH AVE., STE. 215
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NURIA M. LAWSON, M.D.

PRES

04/30/2004

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