2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT

DOCUMENT # L02000003502

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

Principal Place of Business	Mailing Address
7150 WEST 20TH AVE., STE. 215 HIALEAH, FL 33016	7150 WEST 20TH AVE., STE. 215 HIALEAH, FL 33016

DO NOT WRITE IN THIS SPACE

02072007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
04-3621886	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LAWSON, NURIA M.D.
STREET ADDRESS	7150 WEST 20TH AVE., STE. 215
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/16/07-80056-019 50.00

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____   4/3/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #