


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000006767  
 1. Entity Name  
 MARIO F. MOQUETE, M.D., LLC



Principal Place of Business      Mailing Address  
 1610 WOODWARD ST.      P.O BOX 421870  
 ORLANDO, FL 32803 US      KISSIMMEE, FL 34742

**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-LLC      CR2E083 (10/03)  
 4. FEI Number      Applied For  
 75-3029941      Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MOQUETE, MARIO F  
 14316 FREDRICKSBURG DR  
 #519  
 ORLANDO, FL 32837

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

U00000083695  
 03/10/04-80050-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOQUETE, MARIO F 14316 FREDRICKSBURG DR. #519 ORLANDO, FL 32837
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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: M. Moquete      Date: 3/8/2004      Daytime Phone #: 4078941206  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE