

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90280 028 \*\*\*\*50.00

**DOCUMENT # L02000007675**

1. Entity Name  
**LORENZO VICTORES, JR., M.D., LLC**



20007973



Principal Place of Business  
**285 WEST 49TH STREET  
HIALEAH, FL 33012**

Mailing Address  
**285 WEST 49TH STREET  
HIALEAH, FL 33012**

2. Principal Place of Business  
**6450 W. 21 COURT  
Suite, Apt. #, etc.  
SUITE 205**

3. Mailing Address  
**6450 W. 21 COURT  
Suite, Apt. #, etc.  
SUITE 205**

01242005 Chg-LLC CR2E083 (10/03)

City & State  
**Hialeah, Fla**  
Zip  
**33016**

City & State  
**Hialeah, Fla**  
Zip  
**33016**

4. FEI Number  
**04-3636606**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**VICTORES, LORENZO  
285 WEST 49TH STREET  
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)

**6450 W. 21 COURT SUITE 205  
City Hialeah FL Zip Code 33016**

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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
VICTORES, BARBARA  
285 WEST 49TH ST  
HIALEAH, FL 33012** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**6450 W. 21 COURT, SUITE 205  
Hialeah, Fla 33016** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ 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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2/2/05*

Date

*(305) 558-7160*

Daytime Phone #