

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90016 046 \*\*\*50.00

**LIABILITY COMPANY  
 ANNUAL REPORT**



Mailing Address  
 4705 N. ARMENIA AVE.  
 SUITE A  
 TAMPA, FL 33603

**RITE IN THIS SPACE**



01052007 No Cng-LLC CR2E083 (11/05)

4. FEE NUMBER 01-0557587

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

**DO NOT WRITE  
 IN THIS SPACE**

4705 N. ARMENIA AVENUE  
 SUITE A  
 TAMPA, FL 33603

6. The above named entity executes 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 date of modification.

JOHN F. HARRIS, Registered Agent Signature (typed name)

Date

Filing Fee is \$50.00  
 Due by May 1, 2007

**MANAGING MEMBERS/MANAGERS**

TITLE	MANAGER
NAME	RAMIREZ, GERMAN M.D.
STREET ADDRESS	4705 N. ARMENIA AVE STE A
CITY-STATE-ZIP	TAMPA, FL 33603
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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 IN THIS SPACE**

11. I hereby certify that the information included with this filing is true and accurate and that I understand the legal effect of this filing. I am a managing member or manager of the limited liability company or the officer or director of the corporation and I am authorized to execute this report as required by Chapter 685, Florida Statutes.

SIGNATURE: X

Signature, typed or printed name of registered agent and date of modification.

Date

1/18/07

**IMPORTANT INSTRUCTIONS**

- Make check payable to Florida Department of State.  
 Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- The fee to file the limited liability company annual report is \$50.00.  
 If a certificate of status is desired, please add an additional \$5.00.  
 Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 11.

**Mail completed report to:**

Division of Corporations  
 P.O. Box 6196  
 Tallahassee, FL 32314

Courier Address: (overnight delivery)  
 Division of Corporations  
 Citicorp Building  
 2651 Executive Center Circle  
 Tallahassee, FL 32301

**Questions?**

Phone: (850) 245-6051

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

**INFORMATION REGARDING RETURNED CHECK**

If the check submitted with this report is returned by a bank for any reason, the report will be canceled and considered not filed. The Department of State will dissolve/revise the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

No Cng-LLC

CR2E083 (11/05)

20002141