

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009958

Entity Name: WAFIK MAKARY, M.D., LLC

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

3526 TUSCANY RESERVE BLVD.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

3526 TUSCANY RESERVE BLVD.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 01-0680698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKARY, WAFIK F
135 WOOD IBIS COURT
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

MAKARY, WAFIK F
3526 TUSCANY RESERVE BLVD.
NEW SMYRNA BEACH, FL 32168 US

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: DR WAFIK F MAKARY

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAKARY, WAFIK F
Address: 135 WOOD IBIS COURT
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAKARY, WAFIK F
Address: 3526 TUSCANY RESERVE BLVD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DR WAFIK F MAKARY

MGRM

02/18/2009

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