

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010135

Entity Name: JACK GUTIERREZ, LLC

FILED
Jul 29, 2005
Secretary of State

Current Principal Place of Business:

9303 SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

10000 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

9303 SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Mailing Address:

10000 W SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

FEI Number: 04-3656626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRASNA, GARY M
3010 NORTH MILITARY TRAIL, #210
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

GUTIERREZ, GIL F M.D
10000 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 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: GIL F. GUTIERREZ, M.D.

07/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GUTIERREZ, GIL
Address: 9308 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33067

Title: P () Delete
Name: FAXAS, TERESA
Address: 9308 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: GUTIERREZ, GIL F M.D.
Address: 10000 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: P (X) Change () Addition
Name: FAXAS, TERESA A M.D.
Address: 10000 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GIL F GUTIERREZ, M.D.

P

07/29/2005

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