


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90180 030 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L02000010135</b>               |  |
| 1. Entity Name<br><b>JACK GUTIERREZ, LLC</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>10000 W. SAMPLE ROAD<br/>CORAL SPRINGS FL 33065<br/>US</b> | Mailing Address<br><b>10000 W SAMPLE ROAD<br/>CORAL SPRINGS FL 33065<br/>US</b> |
|--|---|



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|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>10000 W Sample Rd</b> | 3. Mailing Address<br><b>10000 W Sample Rd</b> |
| Suite, Apt. #, etc.<br><b>Suite A</b>                                      | Suite, Apt. #, etc.<br><b>Suite A</b>          |
| City & State<br><b>CORAL SPRINGS, FL</b>                                   | City & State<br><b>CORAL SPRINGS, FL</b>       |
| Zip<br><b>33065</b>  | Country<br><b>USA</b>                          |

1st MOORE CR2E083 (10/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>04-3656626</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>GUTIERREZ, GIL F M.D.<br/>10000 WEST SAMPLE ROAD<br/>CORAL SPRINGS FL 33065</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |

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.

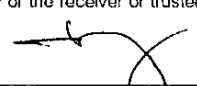
SIGNATURE  DATE **5/15/07**

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

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| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b> |
|--|

| 9. MANAGING MEMBERS/MANAGERS                       |   | 10. ADDITIONS/CHANGES                              |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>GUTIERREZ, GIL F M.D.<br/>10000 W SAMPLE RD<br/>CORAL SPRINGS FL 33065</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>FAXAS, TERESA A M.D.<br/>10000 W SAMPLE RD<br/>CORAL SPRINGS FL 33065</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE **5/15/07**

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