

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90026 022 \*\*\*150.00

**DOCUMENT # L02000010856**

1. Entity Name  
**SOKOLOWICZ & HELLER, M.D., LLC**



Principal Place of Business  
**8525 SW 92ND STREET, D13  
MIAMI, FL 33156**

Mailing Address  
**8525 SW 92ND STREET, D13  
MIAMI, FL 33156**

**DO NOT WRITE IN THIS SPACE**



04182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**04-3679086**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND STREET  
SUITE 2800  
MIAMI, FL 33131-1714**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HELLER, DEAN  
8525 SW 92 ST.  
MIAMI, FL 33156**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SOKOLOWICZ, JOHN  
8525 SW 92 ST., D13  
MIAMI, FL 33156**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** ✓

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

Date

Daytime Phone #