


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000012134
 1. Entity Name
 MIGUEL A MONTEJO, M.D. PLC.



Principal Place of Business 2403 BERKSHIRE LANE WINTER HAVEN, FL 33884	Mailing Address 2403 BERKSHIRE LANE WINTER HAVEN, FL 33884
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0447280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MONTEJO, MIGUEL A
 2403 BERKSHIRE LANE
 WINTER HAVEN, FL 33884

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

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTEJO, MIGUEL A 2403 BERKSHIRE LANE WINTER HAVEN, FL 33884
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 03/02/05-80056-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:  2/26/05 (863) 679-8133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #