

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018069

Entity Name: IRA M. STEIN, M.D., L.L.C.

FILED  
Jan 07, 2005  
Secretary of State

**Current Principal Place of Business:**

12898 SOUTHERN BOULEVARD  
SUITE 203  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

12898 SOUTHERN BOULEVARD  
SUITE 203  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 11-3643332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERRELL GROUP CORPORATE SERVICES, LLC  
ATTN: SECRETARY  
201 S. BISCAYNE BLVD., 34TH FL, MIAMI CTR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

MARY METROU  
3609 MOON BAY CIRCLE  
WELLINGTON, FL 33414 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: MARY METROU

01/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: STEIN, IRA M M.D.  
Address: 12989 SOUTHERN BOULEVARD, SUITE 203  
City-St-Zip: LOXAHATCHEE, FL 33414

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IRA M. STEIN, M.D.

MGR

01/07/2005

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