

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90136 019 ****50.00

DOCUMENT # L02000021542

1. Entity Name
PHYSICIANS' ACCOUNTING & CONSULTING, LLC



Principal Place of Business
**60 EDGEWATER DRIVE #16D
CORAL GABLES, FL 33133**

Mailing Address
**60 EDGEWATER DRIVE #16D
CORAL GABLES, FL 33133**

20021906



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

65-0663417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BLVD.
#1700
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Guila Sanchez Medina

(NOTE: Registered Agent signature required when reinstating)

03/07/05

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SANCHEZ-BIRRIEL, GISELA ☒ Delete
60 EDGEWATER DRIVE #16D
CORAL GABLES, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRUSTEE ☐ Change ☒ Addition
ROLANDO SANCHEZ-MEDINA
60 EDGEWATER 16D
CORAL GABLES, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☐ Delete
SANCHEZ-MEDINA, CRISELA
60 EDGEWATER DRIVE #16D
CORAL GABLES, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SANCHEZ ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Guila Sanchez Medina

03/07/05

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

Date

Daytime Phone #