# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L02000026746**

**1.** Entity Name
THE MEMORY CLINIC, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1101 S. TAMIAMI TRAIL, UNIT 208 VENICE, FL  34285 | 1101 S. TAMIAMI TRAIL, UNIT 208 VENICE, FL  34285 |

## DO NOT WRITE IN THIS SPACE

03152005No Chg-LLC          CR2E083 (10/03)

**4.** FEI Number
NOT APPLICABLE

Applied For
Not Applicable

**5.** Certificate of Status Desired  ☐  **$5.00** Additional Fee Required

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

BHATNAGAR, VINOD K M.D.
1101 S. TAMIAMI TRAIL, UNIT 208
VENICE, FL  34285

## 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, 2005**

**9.** MANAGING MEMBERS/MANAGERS

| TITLE | P |
|---|---|
| NAME | BHATNAGAR, VINOD K |
| STREET ADDRESS | 1101 S. TAMIAMI TR #208 |
| CITY-ST-ZIP | VENICE, FL  34285 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/15/05-80060-009 50.00

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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:** _____   4-12-05   941-488-0124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #