


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90559 011 ****50.00

DOCUMENT # L02000028346 1. Entity Name FPM MEDICAL MANAGEMENT, LLC	
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Principal Place of Business 6106 VISTA LINDA LANE BOCA RATON, FL 33433	Mailing Address 6106 VISTA LINDA LANE BOCA RATON, FL 33433
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05252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0649776	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 MESA, FRANK PEREZ 6106 VISTA LINDA LANE BOCA RATON, FL 33433

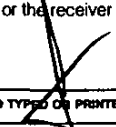
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

Filing Fee is \$50.00 Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, FRANK 6106 VISTA LINDA LA BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>5/27/05</u> _____ <small>Daytime Phone #</small>