

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028346

**FILED**  
**Apr 13, 2007**  
**Secretary of State**

**Entity Name:** FPM MEDICAL MANAGEMENT, LLC

**Current Principal Place of Business:**

1999 THATCH PALM DRIVE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

1999 THATCH PALM DRIVE  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 02-0649776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MESA, FRANK PEREZ  
1999 THATCH PALM DR  
BOCA RATON, FL 33432 US

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

MESA, FRANK PEREZ  
1999 THATCH PALM DR  
BOCA RATON, FL 33432 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: FRANK PEREZ MESA

04/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PEREZ, FRANK  
Address: 1999 THATCH PALM DRIVE  
City-St-Zip: BOCA RATON, FL 33432

**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 Chapter 119, 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: FRANK PEREZ MESA

MGRN

04/13/2007

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