2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 28, 2008 08:00 AM Secretary of State

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1. Entity Name

R. PAUL LICCINI M.D., LLC



Principal Place of Business

Mailing Address

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

2675 WINKLER AVENUE, SUITE 460 FORT MYERS, FL 33901

2675 WINKLER AVENUE, SUITE 460 FORT MYERS, FL 33901



01222008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	82-0580815	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daylime Phone #

6.	Name and	Address	of Current	Registered Agent

LICCINI, R. PAUL 2675 WINKLER AVENUE, SUITE 460 FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

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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.				
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	Signature, typed or printed name of registered agent and title if applicable (NOTE: Register	ed Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	LICCINI, R. PAUL	· 电磁头电影器 "是一点,我们还是一个事情的。"		
STREET ADDRESS	2675 WNKLER AVENUE, SUITE 460			
CITY-ST-ZIP	FORT MYERS, FL 33901	Port Section of the factor of		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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				