

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90071 034 ****50.00

DOCUMENT # L03000002488

1. Entity Name
RAYA MEDICAL OFFICES LLC



Principal Place of Business
**4885 FAIRVIEW COURT
WEST BLOOMFIELD, MI 48322**

Mailing Address
**4885 FAIRVIEW COURT
WEST BLOOMFIELD, MI 48322**

20004667



2. Principal Place of Business
4522 Executive Dr
Suite, Apt. #, etc.
Ste 103

3. Mailing Address
4522 Executive
Suite, Apt. #, etc.
Ste 103

01142005 Chg-LLC CR2E083 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
61-1443910
Applied For
Not Applicable

Zip
34119
Country
US

Zip
34119
Country
US

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

6. Name and Address of Current Registered Agent

**BARTLEY, DAVID R SR.
4833 MARTINIQUE WAY
NAPLES, FL 34119-9551**

7. Name and Address of New Registered Agent

Name
David R. Bartley, Sr.
Street Address (P.O. Box Number is Not Acceptable)
4522 Executive Dr
Ste 103
City
Naples **FL** Zip Code
34119

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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAHIM, MAHMOUD 4885 FAIRVIEW COURT WEST BLOOMFIELD, MI 48322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUSSAIN, RAYA 4885 FAIRVIEW COURT WEST BLOOMFIELD, MI 48322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

M Rahim

1/21/05

248 539 8417

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

Date

Daytime Phone #