

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

2. Principal Place of Business
4522 Executive Dr

3. Mailing Address
4522 Executive

Suite, Apt. #, etc.

Ste 103

Suite, Apt. #, etc.

Ste 103

City & State

Naples, FL

City & State

Naples, FL

Zip

34119

Country

3

Zip

34119

Country

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

10.

ADDITIONS/CHANGES

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

2485398417

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

Date

Daytime Phone #

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

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

20004667



01142005 Chg-LLC CR2E083 (10/03)