

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002488

FILED  
Feb 12, 2006  
Secretary of State

Entity Name: RAYA MEDICAL OFFICES LLC

**Current Principal Place of Business:**

4522 EXECUTIVE DR  
STE 103  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

4522 EXECUTIVE DR  
STE 103  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 61-1443910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARTLEY, DAVID R SR.  
4522 EXECUTIVE DR  
STE 103  
NAPLES, FL 34119 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAHIM, MAHMOUD  
Address: 4885 FAIRVIEW COURT  
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: MGRA ( ) Delete  
Name: HUSSAIN, RAYA  
Address: 4885 FAIRVIEW COURT  
City-St-Zip: WEST BLOOMFIELD, MI 48322

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MAHMOUD RAHIM

MGR

02/12/2006

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