2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# L03000002488

Entity Name: RAYA MEDICAL OFFICES LLC

Current Principal Place of Business:

4522 EXECUTIVE DR
STE 103
NAPLES, FL 34119

New Principal Place of Business:

7117 PELICAN BAY
1508
NAPLES, FL 34108

Current Mailing Address:

4522 EXECUTIVE DR
STE 103
NAPLES, FL 34119

New Mailing Address:

7117 PELICAN BAY
1508
NAPLES, FL 34108

FEI Number: 61-1443910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAHIM, MAHMOUD
7117 PELICAN BAY BLVD., APT. 1508
NAPLES, FL 34108 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: RAYA HUSSAIN MGRM 04/22/2007

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