

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003141

FILED
Jan 06, 2005
Secretary of State

Entity Name: PINSKY FAMILY AND SPORTS MEDICINE CENTER, L.L.C.

Current Principal Place of Business:

7640 N. WICKHAM ROAD, SUITE 118
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

7640 N. WICKHAM ROAD, SUITE 118
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 37-1456965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINSKY, MARK F
7640 N. WICKHAM ROAD, SUITE 118
MELBOURNE, FL 32940 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/MEMBERS:

Title: MGRM () Delete
Name: PINSKY, MARK F DO
Address: 7640 N WICKHAM ROAD SUITE 118
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM () Delete
Name: PINSKY, STEPHANIE J
Address: 7640 N WICKHAM ROAD SUITE 118
City-St-Zip: MELBOURNE, FL 32940

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 Section 119.07(3)(i), 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: STEPHANIE J PINSKY

MNGR

01/06/2005

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