

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006355

Entity Name: SALEM M. HABAL, M.D., P.L.

FILED
Feb 07, 2005
Secretary of State

Current Principal Place of Business:

1940 N.E. 47TH STREET, SUITE 1
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

1940 N.E. 47TH STREET, SUITE 1
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 05-1508208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABAL, SALEM M M.D.
1940 N.E. 47TH STREET, SUITE 1
FORT LAUDERDALE, FL 33308 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: MGR () Delete
Name: SALEM M. HABAL, M.D., P.L.
Address: 1940 NE 47 ST.
City-St-Zip: FT. LAUDERDALE, FL 33308 77

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SALEM, SALEM M MD
Address: 1940 NE 47 ST.
City-St-Zip: FT. LAUDERDALE, FL 33308

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: HABAL SALEM, M, MD

MGR

02/07/2005

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