

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011060

FILED
Sep 01, 2006
Secretary of State

Entity Name: ADVANCED GERIATRIC & INTERNAL MEDICINE, P.L.

Current Principal Place of Business:

2623 SOUTH SEACREST BLVD
SUITE 100
BOYNTON BEACH, FL 33435

New Principal Place of Business:

2320 SOUTH SEACREST BLVD
SUITE 200
BOYNTON BEACH, FL 33436

Current Mailing Address:

2623 SOUTH SEACREST BLVD
SUITE 100
BOYNTON BEACH, FL 33435

New Mailing Address:

2320 SOUTH SEACREST BLVD
SUITE 200
BOYNTON BEACH, FL 33436

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AHEARN, MATTHEW JOHN ESQ
800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 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: MGRM () Delete
Name: VELEZ-CORTES, SOL E
Address: 2623 S. SEACREST BLVD SUITE 100
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VELEZ-CORTES, SOL E
Address: 2320 S. SEACREST BLVD SUITE 200
City-St-Zip: BOYNTON BEACH, FL 33436

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: SEV

MGR

09/01/2006

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