


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-10-2004 90186 006 ****50.00

DOCUMENT # L03000011439					
1. Entity Name P.C., LLC					
Principal Place of Business C/O PIERRE GIRARD, M.D. 621 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984 US			Mailing Address C/O PIERRE GIRARD, M.D. 621 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSILLO, ROBERT A ESQ. 501 SEA OATS DRIVE SUITE A1 JUNO BEACH, FL 33408				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRARD, PIERRE M.D.			NAME	
STREET ADDRESS	621 S. E. PORT ST. LUCIE BLVD.			STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>3/3/04</u> Daytime Phone # _____	

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4. FEI Number 65-1180966 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required