2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000011439

1. Entity Name P.C., LLC



FILED
Mar 19, 2007 08:00 AM
Secretary of State

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



02052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1180966 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSILLO, ROBERT A ESQ. 501 SEA OATS DRIVE SUITE A1 JUNO BEACH, FL 33408

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SI

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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		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	ed Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	1
NAME	GIRARD, PIERRE M.D.	, ·
STREET ADDRESS	621 S. E. PORT ST. LUCIE BLVD.	•
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000670883 03/28/07-80006-018 50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE