

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014367

FILED  
Jan 23, 2008  
Secretary of State

**Entity Name:** PEDRO A. CARMONA, M.D., P.L.C.

**Current Principal Place of Business:**

951 N. WASHINGTON AVENUE  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

951 N. WASHINGTON AVENUE  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARMONA, PEDRO A M.D.  
3880 HIDDEN HILLS DR.  
TITUSVILLE, FL 32796 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: CARMONA, PEDRO A M.D.  
Address: 951 N. WASHINGTON AVENUE  
City-St-Zip: TITUSVILLE, FL 32796

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PEDRO A. CARMONA M.D.

MGRM

01/23/2008

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