

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # L03000022108 1. Entity Name 200 MEDICAL PLAZA, LLC	
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Principal Place of Business 1050 N.W. 15TH STREET STE. 202A BOCA RATON, FL 33486	Mailing Address 1050 N.W. 15TH STREET STE. 202A BOCA RATON, FL 33486
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01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0209432	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PLATIS, EMANUEL DMD 1050 NW 15TH ST. 202 A BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

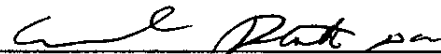
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLATIS, EMMANUEL 1050 NW 15TH STREET #202 BOCA RATON, FL 33486
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02/26/07-80021-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-12-07 561-391-6661

Date

Daytime Phone #