

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

04-16-2004 90417 024 ***150.00

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01262004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000024016

1. Entity Name
MEDICAL MANAGEMENT OF THE PALM BEACHES, LLC



Principal Place of Business
**C/O RICHARD PALADINO
505 SOUTH FLAGLER DR., STE. 1330
WEST PALM BEACH, FL 33401**

Mailing Address
**C/O RICHARD PALADINO
505 SOUTH FLAGLER DR., STE. 1330
WEST PALM BEACH, FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **83-0363799**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALADINO, RICHARD
505 SOUTH FLAGLER DR., STE. 1330
WEST PALM BEACH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PALADINO, RICHARD
505 SOUTH FLAGLER DR., STE. 1330
WEST PALM BEACH, FL 33401** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Howard Butler
3901 S. Congress Ave 3989 N.W. 52ND PLACE
ATLANTA, FL 30342 BOCA RATON, FL 33496** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
THOMAS P. BOYLE
3978 N.W. 56TH RD.
BOCA RATON, FL 33496** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]

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

Date

Daytime Phone #

2/9/04 561-655-8200