


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000032514	
1. Entity Name PEREZ & RIVERA, P.L.	

Principal Place of Business 800 CENTURY MEDICAL DR., STE. A TITUSVILLE, FL 32796	Mailing Address 800 CENTURY MEDICAL DR., STE. A TITUSVILLE, FL 32796
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DO NOT WRITE IN THIS SPACE



01122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1202222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, DR. JUAN J
800 CENTURY MEDICAL DR., STE. A
TITUSVILLE, FL 32796

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


**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, JUAN J MD PA 800 CENTURY MEDICAL DRIVE, SUITE A TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERA, RICARDO PL 800 CENTURY MEDICAL DRIVE, SUITE A TITUSVILLE, FL 32796
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01/24/05-80097-025 50.00

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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:  **Juan J Perez, MD** 1-18-05 321-269-5101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #