

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90071 013 \*\*\*\*55.00

**DOCUMENT # L03000032559**

1. Entity Name

MARC F. MATARAZZO, M.D., L.L.C.



Principal Place of Business

13365 OVERSEAS HIGHWAY, SUITE 104  
MARATHON FL 33050

Mailing Address

13365 OVERSEAS HIGHWAY, SUITE 104  
MARATHON FL 33050

24078388



MOORE

CR2E083 (4/04)

2. Principal Place of Business

See Above

3. Mailing Address

See Above

Suite, Apt. #, etc.

See Above

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

32-0090418

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEVANE, WILLIAM N JR.  
5701 OVERSEAS HIGHWAY, SUITE 12  
MARATHON FL 33050

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGER  
NAME: MARC F. MATARAZZO, M.D.  
STREET ADDRESS: 13365 OVERSEAS HWY, #104  
CITY-ST-ZIP: MARATHON, FLORIDA 33050

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10. ADDITIONS/CHANGES

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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: ✓

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

8-2-04

Date

305-743-4100

Daytime Phone #