2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000034427

1. Entity Name
ANIA FERNANDEZ-MAITIN, M.D., LLC

Principal Place of Business	Mailing Address
8525 SW 92ND ST., STE. B-4 MIAMI, FL 33156	8525 SW 92ND ST., STE. B-4 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

02022007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0257428

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIS, SETH E ESQ
ONE S.E. 3RD AVE., STE. 2400
THERREL BAISDEN, P.A.
MIAMI, FL 33131

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

Filing Fee is $50.00
Due by May 1, 2007

U00000020880
02/09/07-80054-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	FERNANDEZ MARTIN, ANIA
STREET ADDRESS	10705 SW 88 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/2/07 3052797446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #