

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000034495

**FILED**  
**Apr 29, 2006**  
**Secretary of State**

**Entity Name:** ABDON S. BORGES JR. M.D. PLLC

**Current Principal Place of Business:**

5801 NW 74 TERR.  
PARKLAND, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

5801 NW 74 TERR.  
PARKLAND, FL 33067

**New Mailing Address:**

**FEI Number:** 56-2399464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABDON S. BORGES JR. M.D.  
5801 NW 74 TERR.  
PARKLAND, FL 33067 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** ABDON S. BORGES JR., M.D.  
**Address:** 5801 NW 74 TERR.  
**City-St-Zip:** PARKLAND, FL 33067

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** ABDON S. BORGES JR. M.D.

MGR

04/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date