

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049184

FILED
May 17, 2009
Secretary of State

Entity Name: OSVALDO A. TORRES, M.D., LLC

Current Principal Place of Business:

7421 N UNIVERSITY DR
#206
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

C/O MARK I. INGBER, C.P.A., P.A.
10100 WEST SAMPLE ROAD SUITE 319
CORAL SPRINGS, FL 330653973 US

New Mailing Address:

FEI Number: 58-2680540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TORRES, OSVALDO A
701 NW 123RD DR
CORAL SPRINGS, FL 33071 US

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: MGRM () Delete
Name: TORRES, OSVALDO A M.D.
Address: 7421 NORTH UNIVERSITY DR #206
City-St-Zip: TAMARAC, FL 33321

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 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: OSVALDO TORRES

MD

05/17/2009

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