

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002424

FILED
Feb 24, 2009
Secretary of State

Entity Name: TARTELL & MANDEL, M.D., LLC

Current Principal Place of Business:

4400 SHERIDAN ST.
HOLLYWOOD, FL 33021

New Principal Place of Business:

4400 SHERIDAN ST.
HOLLYWOOD, FL 33021 US

Current Mailing Address:

4400 SHERIDAN ST.
HOLLYWOOD, FL 33021

New Mailing Address:

4400 SHERIDAN ST.
HOLLYWOOD, FL 33021 US

FEI Number: 20-0658931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANDEL, LEE M
100 NW 82ND AVENUE
SUITE 104
PLANTATION, FL 33324 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: TARTELL, PAUL B
Address: 100 NW 82ND AVENUE STE 135
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: MANDEL, LEE M
Address: 100 NW 82ND AVENUE STE 104
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TARTELL, PAUL B
Address: 100 NW 82ND AVENUE STE 135
City-St-Zip: PLANTATION, FL 33324 US

Title: MGR (X) Change () Addition
Name: MANDEL, LEE M
Address: 100 NW 82ND AVENUE STE 104
City-St-Zip: PLANTATION, FL 33324 US

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: LEE M. MANDEL

MGR

02/24/2009

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