

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90099 022 ****50.00

DOCUMENT # L04000008048

1. Entity Name
DADELAND SURGICAL ASSOCIATES, LLC



Principal Place of Business
**DAELAND MEDICAL BUILDING
7400 NORTH KENDALL DRIVE, #403
MIAMI, FL 33156**

Mailing Address
**DAELAND MEDICAL BUILDING
7400 NORTH KENDALL DRIVE, #403
MIAMI, FL 33156**

20061713



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06072005 Chg-LLC CR2E083 (10/03)

4. FEI Number

56-2434269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required.

6. Name and Address of Current Registered Agent

**PELAEZ-ECHEVARRIA, LOURDES
DAELAND MEDICAL BUILDING
7400 NORTH KENDALL DRIVE, #403
MIAMI, FL 33156**

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

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RODRIGUEZ, MAGALY A
7400 N. KENDALL DRIVE, #403
MIAMI, FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PELAEZ-ECHEVARRIA, LOURDES
7400 N. KENDALL DRIVE, #403
MIAMI, FL 33156** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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:

Magaly A. Rodriguez
MAGALY A. RODRIGUEZ

6/27/05

305 670-0311

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

Date

Daytime Phone #