

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049 001 *3,150.00
L04000020821

FILED

2005 MAY -9 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # L04000020821

1. Entity Name
RAYMOND MATHEWS MD, LLC



Principal Place of Business
3225 AVIATION AVE., SUITE 500
MIAMI, FL 33133-4741

Mailing Address
3225 AVIATION AVE., SUITE 500
MIAMI, FL 33133-4741



2. Principal Place of Business

10081 Pines Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Stc B.

City & State

Kembroke Pines, FL

City & State

Zip

33024

Country

U.S.A

Zip

Country

04202005 Chg-LLC

CR2E083 (10/03)

4. FEI Number

54-2129332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YELEN, MITCHELL A
3225 AVIATION AVE., SUITE 500
MIAMI, FL 33133-4741

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 releasing)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
President
Robert Boyett MD
8900 S.W. 87 Court. #214
Miami, FL 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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

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:

Mitchell A. Yelen

04/25/05 305-858-5800

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

Date

Daytime Phone #

Mitchell A. Yelen.