2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049 001 *3,150.00
L04000020882

FILED
2005 MAY -9 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J00040J3

DOCUMENT # L04000020882

1. Entity Name
JAIME L. SEPULVEDA 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
7300 SW 62nd PL
Suite, Apt. #, etc.
Ste PH Dm Floor
City & State
Miami, FL
Zip 33143
Country U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
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 reinstating) 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	President Robert Bovett 8105 SW 87 Court, #214 Miami, FL 33176 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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.