

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000020882

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** JAIME L. SEPULVEDA MD, LLC

**Current Principal Place of Business:**

7300 SW 62ND AVE, STE PH 5TH FLOOR  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

3225 AVIATION AVE, STE 500  
MIAMI, FL 331334741

**New Mailing Address:**

**FEI Number:** 54-2129332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YELEN, MITCHELL A  
3225 AVIATION AVE., SUITE 500  
MIAMI, FL 331334741 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: P ( ) Delete  
Name: ROBERT BOYETT, MD,  
Address: 8955 SW 87 COURT, STE 214  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: MGMR (X) Change ( ) Addition  
Name: BOYETT, ROBERT E  
Address: 8955 SW 87 COURT, STE 214  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT E BOYETT

MGMR

04/27/2006

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