

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020896

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** EDWARD S. WAGNER MD, LLC

**Current Principal Place of Business:**

4330 SHERIDAN ST, STE 101  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

4330 SHERIDAN STREET  
SUITE 101  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3225 AVIATION AVE, STE 500  
MIAMI, FL 33133

**New Mailing Address:**

3225 AVIATION AVENUE  
SUITE 500  
MIAMI, FL 33133

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:**

YELEN, MITCHELL A  
3225 AVIATION AVENUE  
SUITE 500  
MIAMI, FL 33133 US

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: MITCH A YELEN

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: BOYETT, ROBERT E  
Address: 8955 SW 87 CT, #214  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

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

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: ROBERT E BOYETT

MGMR

04/30/2008

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