

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

L04000020900

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY -9 AM 9:13

DOCUMENT # L04000020900

1. Entity Name  
RICARDO ESTAPE 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

6701 SUNSHINE DRIVE

Suite, Apt. #, etc.

STE 200B

City & State

South Miami, FL

Zip

33143

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04212005

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 Boyett, MD  
8955 SW 87 COURT #214  
Miami, FL 33176

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Addition

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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

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

04/25/05

Date

305-858-5800

Daytime Phone #

Mitchell A. Yelen