



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049 001 \*3,150.00  
FILE # 04000020916  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # L04000020916</b> 1. Entity Name <b>PIETRO &amp; WHITTED MD, LLC</b>					
Principal Place of Business <b>3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741</b>			Mailing Address <b>3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741</b>		
2. Principal Place of Business <b>8740 N. Kendall DR</b> Suite, Apt. #, etc. <b>STE 101</b> City & State <b>MIAMI, FL</b> Zip <b>33176</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip  Country <b>U.S.A.</b>			
4. FEI Number <b>54-1129332</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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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: <u>Mitchell A. Yelen</u>			Date: <u>04/26/05</u> 305858-5800		

Mitchell A Yelen