2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# L04000041827

Entity Name: GONZALO A. ORIA, M.D., L.L.C.

Current Principal Place of Business:

1696 SE HILLMOOR DR. SUITE A
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1696 SE HILLMOOR DR. SUITE A
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-1524411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORIA, GONZALO A
3074 6TH ST.
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

ORIA, GONZALO A
1696 S.E. HILLMOOR DR., SUITE A
PORT ST. LUCIE, FL 34952 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: 04/10/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ORIA, GONZALO A
Address: 1696 SE HILLMOOR DR. SUITE A
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GONZALO A ORIA MGR 04/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date