

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049 001 *3,150.00
L04000043676
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY -9 AM 11:21

DOCUMENT # L04000043676

1. Entity Name
CASANOVA & PETERSEN, MD, LLC



Principal Place of Business
**3225 AVIATION AVE STE. 500
MIAMI, FL 33133-4741**

Mailing Address
**3225 AVIATION AVE STE. 500
MIAMI, FL 33133-4741**

30004918



2. Principal Place of Business
**11040 N. Kendall Dr.
Suite, Apt. #, etc.
STE C-100
City & State
Miami, FL
Zip
33176
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 STE. 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 title if applicable. (NOTE: Registered Agent signature required when re-registering) 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		President Robert Boyett MD 8955 SW 87 Court # 214 Miami, FL 33176	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mitchell A. Yelen **04/25/05 305 858-5800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Mitchell A Yelen.