

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 26, 2007  
Secretary of State**

DOCUMENT# L04000050348

Entity Name: FAUSTA NAZAIRE, M.D., P.L.

**Current Principal Place of Business:**

12977 SOUTHERN BOULEVARD, SUITE 100  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

12977 SOUTHERN BOULEVARD, SUITE 100  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 20-1351092      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RUTHERFORD MULHALL, P.A.  
2600 N. MILITARY TRAIL, 4TH FLOOR  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NAZAIRE, FAUSTA M.D.  
Address: 12977 SOUTHERN BOULEVARD, SUITE 100  
City-St-Zip: LOXAHATCHEE, FL 33470

**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 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: FAUSTA NAZAIRE

DR.

04/26/2007

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