

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067389

Entity Name: LOUIS AVILES, M.D., PL

FILED
Mar 11, 2008
Secretary of State

Current Principal Place of Business:

1007 JEFFORDS STREET
#102
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

2802 BLUFFS DRIVE
LARGO, FL 33770

New Mailing Address:

FEI Number: 20-1597375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 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: AVILES, LOUIS M.D.
Address: 2802 BLUFFS DRIVE
City-St-Zip: LARGO, FL 33770

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: LOUIS AVILES M.D.

MGRM

03/11/2008

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