


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90338 034 ***150.00

DOCUMENT # L04000068601

1. Entity Name
 CRISTIAN J. PRESUTTI, M.D., P.L.



Principal Place of Business 1701 S.E. HILLMOOR DRIVE SUITE 7 PORT ST. LUCIE, FL 34952	Mailing Address 2964 N.E. ROSETREE DRIVE JENSEN BEACH, FL 34957
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DO NOT WRITE IN THIS SPACE

03012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1709737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESUTTI, CRISTIAN J
 1701 S.E. HILLMOOR DRIVE, SUITE 7
 PORT ST. LUCIE, FL 34952

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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 _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRESUTTI, CRISTIAN J M.D. 1701 S.E. HILLMOOR DRIVE, SUITE 7 PORT ST. LUCIE, FL 34952
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Cristian J. Presutti MD* 04-18-2007 772 398-9808

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