


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

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.



04042008 No Chg-LLC CR2E083 (12/07)

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000936558
 05/27/08-80016-008 138.75

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* **4/29/08** **7722258873**

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