

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90106 014 \*\*\*\*50.00

**DOCUMENT # L04000069148**

1. Entity Name  
**D & M PHYSICIAN ASSISTANT MEDICAL SERVICES, LLC**



Principal Place of Business  
**5141 DALEHURST DRIVE  
COCOA, FL 32926**

Mailing Address  
**5141 DALEHURST DRIVE  
COCOA, FL 32926**

2. Principal Place of Business

3. Mailing Address

**P O Box 238101**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212005 Chg-LLC CR2E083 (10/03)

City & State

City & State

**Cocoa FL**

4. FEI Number

**20-1685332**

Applied For

Not Applicable

Zip

Country

Zip

**32923**

Country

**USA**

5. Certificate of Status Desired

☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**METZGER, DEVEN  
5141 DALEHURST DRIVE  
COCOA, FL 32926**

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 reinstating)

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  
**MGR  
METZGER, DEVEN  
5141 DALEHURST DRIVE  
COCOA, FL 32926** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-21-05 321-863-9218**

Date

Daytime Phone #