2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049 001 *3,150.00
FILED L04000076318
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -9 AM 11:21

DOCUMENT # L04000076318

1. Entity Name
RAFAEL J. PEREZ, MD, LLC

Principal Place of Business
3225 AVIATION AVE., STE. 500
MIAMI, FL 33133-4741

Mailing Address
3225 AVIATION AVE., STE. 500
MIAMI, FL 33133-4741

2. Principal Place of Business: 7867 N. Kendall DR.
Suite, Apt. #, etc.: 2nd Floor
City & State: Miami, FL
Zip: 33156 Country: USA

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 64-2129332 [Applied For] [Not Applicable]

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
YELEN, MITCHELL A
3225 AVIATION AVE., STE. 500
MIAMI, FL 33133-4741

7. Name and Address of New Registered Agent
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	☐ Delete	TITLE: President NAME: Robert Bovett, MD. STREET ADDRESS: 8955 S.W. 87 Court #214 CITY-ST-ZIP: Miami, FL 33176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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: Mitchell A. Yelen 04/25/05 305-858-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Mitchell A. Yelen.