2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90017 045 ****50.00

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1. Entity Name
ANTHONY MAZO-MAYORQUIN, M.D., LLC

Principal Place of Business	Mailing Address
2290 WEST EAU GALLIE BLVD. SUITE 200A MELBOURNE, FL 32935	PO BOX 121557 WEST MELBOURNE, FL 32912

03262006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1341 MEDICAL PARK DRIVE			
Suite, Apt. #, etc. SUITE 101A		Suite, Apt. #, etc.	
City & State MELBOURNE FL 32901		City & State	
Zip 32901	Country US	Zip	Country

4. FEI Number 20-2645729 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAZO-MAYORQUIN, ANTHONY
2290 WEST EAU GALLIE BLVD
SUITE 200A
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1341 MEDICAL PARK DRIVE #101A

City MELBOURNE FL Zip Code 32901

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] 3/31/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIASCOS, MARITZA 2290 WEST EAU GALLIE BLVD MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1341 MEDICAL PARK DR #101A MELBOURNE FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZO-MAYORQUIN, ANTHONY 2290 WEST EAU GALLIE BLVD MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1341 MEDICAL PARK DR #101A MELBOURNE FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: [signature] 3/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #