2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000080643

1. Entity Name

ANTHONY MAZO-MAYORQUIN, M.D., LLC



FILED Apr 19, 2007 08:00 A Secretary of State

Principal Place of Business

1341 MEDICAL PARK DR SUITE 101A MELBOURNE, FL 32901

Mailing Address

PO BOX 121557

WEST MELBOURNE, FL 32912



DO NOT WRITE IN THIS SPACE

04152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2645729 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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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	I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE

#101A

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

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

MAZO-MAYORQUIN, ANTHONY

1341 MEDICAL PARK DR

MELBOURNE, FL 32901

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIASCOS, MARITZA 1341 MEDICAL PARK DR #101A MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZO-MAYORQUIN, ANTHONY 1341 MEDICAL PARK DR #101A MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. Thereby 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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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