

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005560

FILED
Jan 27, 2007
Secretary of State

Entity Name: DAVIE FAMILY MEDICAL, LLC

Current Principal Place of Business:

1395 BRICKELL AVENUE 14TH FL
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1395 BRICKELL AVENUE 14TH FL
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICKSTEIN, FRED K ESQ
1395 BRICKELL AVENUE 14TH FL
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAZDAN, RISA
Address: 1045 SPYGLASS
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: KAZDAN, TODD MD
Address: 1045 SPYGLASS
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RISA KAZDAN

MGR

01/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date