

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005560

Entity Name: DAVIE FAMILY MEDICAL, LLC

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

1395 BRICKELL AVENUE 14TH FL  
MIAMI, FL 33131

**New Principal Place of Business:**

6099 STIRLING ROAD  
220  
DAVIE, FL 33314

**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: MGR (X) Change ( ) Addition  
Name: KAZDAN, TODD DO  
Address: 1045 SPYGLASS  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify 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: TODD KAZDAN

MGR

04/28/2008

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