2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L05000005560

Entity Name: DAVIE FAMILY MEDICAL, LLC

Current Principal Place of Business:

6099 STIRLING ROAD
220
DAVIE, FL 33314

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 (X) Delete
Name: KAZDAN, TODD DO
Address: 1045 SPYGLASS
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KAZDAN, TODD D.O.
Address: 6099 STIRLING RD #220
City-St-Zip: DAVIE, FL 33314

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

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 MGRM 04/28/2009

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