

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017700

FILED
Apr 29, 2008
Secretary of State

Entity Name: ROZALYN H. PASCHAL, M.D. & ASSOCIATES, LLC

Current Principal Place of Business:

16800 NORTHWEST 2ND AVE., SUITE 203
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

Current Mailing Address:

1744 NORTHWEST 192ND STREET
MIAMI, FL 33056

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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PASCHAL, FLETCHER A III
Address: 16800 NORTHWEST 2ND AVE., SUITE 203
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: ST () Delete
Name: PASCHAL, FLETCHER A III
Address: 16800 NORTHWEST 2ND AVE., SUITE 203
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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 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: FLETCHER PASCHAL III

PSTD

04/29/2008

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