


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000018414	
1. Entity Name PABLO H. VIVAS, M.D., PLLC	

Principal Place of Business 4302 ALTON ROAD SUITE 1003 MIAMI BEACH, FL 33140 US	Mailing Address 4302 ALTON ROAD SUITE 1003 MIAMI BEACH, FL 33140 US
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06042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2396222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWER, TANYA L ESQ.
 C/O TRIPP SCOTT, P.A.
 110 SE 6TH STREET, 15TH FLOOR
 FORT LAUDERDALE, FL 33301

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIVAS, PABLO H M.D. 4302 ALTON ROAD, SUITE 1003 MIAMI BEACH, FL 33140
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11. I hereby 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

6/4/07 (305) 672-0290

Date

Daytime Phone #