

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000029799**

1. Entity Name  
**PATELSIS, LLC**



Principal Place of Business  
**10640 NW 5TH STREET  
PLANTATION, FL 33324-1609**

Mailing Address  
**10640 NW 5TH STREET  
PLANTATION, FL 33324-1609**



01042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-2604148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PATEL, NARENDRA H MD, JD  
10640 NW 5TH STREET  
PLANTATION, FL 33324-1609**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PATEL, NARENDRA H MD, JD
STREET ADDRESS	10640 NW 5TH STREET
CITY-ST-ZIP	PLANTATION, FL 333241609
TITLE	MGR
NAME	PATEL, PREMSARAN
STREET ADDRESS	2712 AUGUSTA DRIVE
CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	MGR
NAME	PATEL, DAYABHAI
STREET ADDRESS	1223 NE FIRST AVENUE, US HWY 1
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	MGR
NAME	PATEL, SUBHASH
STREET ADDRESS	9 EVERGREEN COURT
CITY-ST-ZIP	TOWACO, NJ 07082
TITLE	MGR
NAME	PATEL, TEENA P
STREET ADDRESS	2736 SILVER RIVER TRAIL
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000579782  
01/10/07-80022-003 50.00

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IN THIS SPACE**

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

Date

Daytime Phone #

**NARENDRA H. PATEL, MD, JD 1/4/07 954-693-0630**