

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034077

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** STELA TUDORAN MEDICAL PRACTICE, LLC

**Current Principal Place of Business:**

1000 N.W. 9TH STREET, SUITE 203  
BOCA RATON, FL

**New Principal Place of Business:**

**Current Mailing Address:**

1000 N.W. 9TH STREET, SUITE 203  
BOCA RATON, FL

**New Mailing Address:**

**FEI Number:** 59-1771338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ADLER, LAUREL W  
20417 SAN RAFAEL COURT  
BOCA RATON, FL 33498 US

**Name and Address of New Registered Agent:**

WEINSTOCK, MARK CPA  
5531 NORTH UNIVERSITY DRIVE  
103  
BOCA RATON, FL 33076 US

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: MARK WEINSTOCK

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TUDORAN, STELA  
Address: 1000 N.W. 9TH STREET, SUITE 203  
City-St-Zip: BOCA RATON, FL

**ADDITIONS/CHANGES:**

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: STELA TUDORAN

OWNE

04/29/2008

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