



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90352 020 \*\*\*\*50.00

<b>DOCUMENT # L05000044112</b> 1. Entity Name <b>BOUGAINVILLEA CENTER, LLC</b>					
Principal Place of Business <i>C/o CPMS</i> Mailing Address <i>C/o CPMS</i> <b>4522 EXECUTIVE DRIVE STE 103</b> <b>4522 EXECUTIVE DRIVE STE 103</b> <b>NAPLES, FL 34119</b> <i>13131 University Drive</i> <b>NAPLES, FL 34119</b> <i>13131 University Drive</i> <i>Fort Myers, FL 33907</i> <i>Fort Myers, FL 33907</i>					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04102007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>54-2174013</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<i>Rahim, Mahmoud MD</i> <i>7117 Pelican Bay Blvd Apt 1508</i> <i>Naples, FL 34108</i>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAHIM, MAHMOUD		NAME		
STREET ADDRESS	4522 EXECUTIVE DRIVE STE 103		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34119		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABDUL-HUSSAIN, RAYA H		NAME		
STREET ADDRESS	4522 EXECUTIVE DRIVE STE 103		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34119		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <i>Manuel V. Villaverde</i>				Date <i>4/16/07</i> Daytime Phone # <i>489-3300x284</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					