

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059727

**FILED**  
**Mar 30, 2007**  
**Secretary of State**

**Entity Name:** ALLAN J. DINNERSTEIN MEDICAL PRACTICE, LLC

**Current Principal Place of Business:**

250 SOUTH EAST 23RD AVE. SUITE A  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

2815 SOUTH SEACREST BLVD.  
DEPT. OB/GYN  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

17659 TIFFANY TRACE DRIVE  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 20-3144638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHYSICIANS' LAW CENTER, LLC  
3452 W. BOYNTON BEACH BLVD.  
SUITE 5  
BOYNTON BEACH, FL 33436 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: DINNERSTEIN, ALLAN J MD  
Address: 250 SOUTH EAST 23RD AVE. SUITE A  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DINNERSTEIN, ALLAN J MD  
Address: 2815 SOUTH SEACREST BLVD.  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLAN J DINNERSTEIN

DR

03/30/2007

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