


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90272 035 ****50.00

DOCUMENT # L05000078522 1. Entity Name FREDESVINDA JACOBS-ALVAREZ, M.D., PLLC	
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Principal Place of Business 8853 COMMODITY CIRCLE, SUITE 7 ORLANDO, FL 32819 US	Mailing Address 8853 COMMODITY CIRCLE, SUITE 7 ORLANDO, FL 32819 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. Name and Address of Current Registered Agent JACOBS-ALVAREZ, FREDESVINDA 7557 W. SAND LAKE ROAD #162 ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8853 Commodity Circle, Suite 7 City Orlando FL Zip Code 32819
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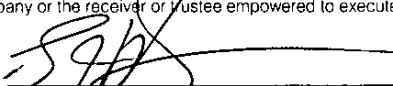
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating.) DATE **6/23/06**

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBS-ALVAREZ, FREDESVINDA 8853 COMMODITY CIRCLE, SUITE 7 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **6/23/06** DAYTIME PHONE # **407-226-3733**

40097064



06202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3299937 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required