



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L05000083283					
1. Entity Name DAVID I. LUBETKIN, MD, LLC					
Principal Place of Business 660 GLADES ROAD 420 BOCA RATON, FL 33431			Mailing Address 3225 AVIATION AVE., STE. 500 ATTN: MITCHELL A. YELEN MIAMI, FL 33133-4741		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YELEN, MITCHELL A 3225 AVIATION AVE., STE. 500 MIAMI, FL 33133-4741			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYETT, ROBERT E		NAME		
STREET ADDRESS	3225 AVIATION AVENUE, 500		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
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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: 			Robert E. Boyett, MD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			Daytime Phone #		



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 54-2129332 Applied For Not Applicable

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

U00000751276
05/18/07-80090-001 750.00