

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-16-2007 90337 008 ****50.00

DOCUMENT # L05000084230

1. Entity Name

EISENMAN & EISENMAN, M.D., LLC



Principal Place of Business

ATTN: JESSE EISENMAN, M.D.
10131 W. FOREST HILL BLVD., STE. 101-
WELLINGTON FL 33414

Mailing Address

ATTN: JESSE EISENMAN, M.D.
10131 W. FOREST HILL BLVD., STE. 101-
WELLINGTON FL 33414

2. Principal Place of Business - No P.O. Box #

12989 Southern Blvd
Suite, Apt. #, etc.
202

3. Mailing Address

PO Box 213039
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/06)

City & State

Loxahatchee FL

City & State

Royal Palm Beach FL

4. FEI Number

04-3832603

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

33421

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
250 AUSTRALIAN AVE.
SUITE 500-JAF
W. PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TALBOTT, MADELENE C
STREET ADDRESS 10131 W FOREST HILL BLVD STE 100A
CITY- ST- ZIP WEST PALM BEACH FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jesse Eisenman

4/2/07 561-753-7487