


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000084585 1. Entity Name WARREN R. ABEL, M.D., P.L.C.	
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Principal Place of Business 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756	Mailing Address 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756
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01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

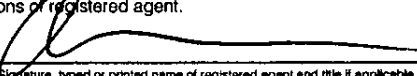
4. FEI Number 80-0132606	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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

4/25/07

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000750822
05/18/07-20072-005 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABEL, WARREN R M.D. 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABEL, NAOMI 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

4/9/07

Daytime Phone #