


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000103174</b> 1. Entity Name CLEARVIEW CONSORTIUM HOLDINGS, L.L.C.	
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Principal Place of Business 1070 NORTH STONE STREET SUITE D DELAND, FL 32720 US	Mailing Address 1070 NORTH STONE STREET SUITE D DELAND, FL 32720 US
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3650798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GOLDBERG, PAUL B M.D. 1070 NORTH STONE STREET SUITE D DELAND, FL 32720
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**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

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

000000708713  
04/24/07 80125-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBERG, PAUL B M.D. 1070 NORTH STONE STREET SUITE D DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRADO, MARTIN GINO F 1070 NORTH STONE STREET SUITE D DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, BHARAT C 1070 NORTH STONE STREET SUITE D DELAND, FL 32720
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:** Paul B. Goldberg, M.D. **4/9/07** **386 822-9410**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #