

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110814

Entity Name: VILLAS IOANNIDES, L.L.C.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

140 S.W. CHAMBER COURT, SUITE 200
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

140 S.W. CHAMBER COURT, SUITE 200
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-3973602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: IOANNIDES, TIM
Address: 140 S.W. CHAMBER COURT, SUITE 200
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IOANNIDES, TIM M.D.
Address: 140 S.W. CHAMBER COURT, SUITE 200
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIM IOANNIDES, M.D.

MGR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date