2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

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Entity Name: DRS. AKEL & FAVALE, P.L.

Current Principal Place of Business:

C/O GARY M. AKEL, O.D.
953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205

New Principal Place of Business:

953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205

Current Mailing Address:

C/O GARY M. AKEL, O.D.
953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205

New Mailing Address:

953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205

FEI Number: 20-3991191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKEL, GARY M O.D.
953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

FAVALE, ANTHONY F O.D.
953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205 US

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: ANTHONY F. FAVALE 01/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DR. GARY M. AKEL, P., L.
Address: 953 LANE AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGR ( ) Delete
Name: ANTHONY FAVALE, O.D., , P.A.
Address: 953 LANE AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY F. FAVALE MGR 01/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date