

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120291

FILED
Jan 08, 2008
Secretary of State

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

Current Principal Place of Business:

953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 20-3991191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MGR

01/08/2008

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