

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90012 030 ****50.00

DOCUMENT # L05000120301

1. Entity Name

PINECREST OPHTHALMOLOGY LLC



Principal Place of Business

11511 SOUTH DIXIE HIGHWAY
PINECREST FL 33156

Mailing Address

11511 SOUTH DIXIE HIGHWAY
PINECREST FL 33156



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0851999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARIANO, MARIA L M.D.
~~8450~~ SW 120 STREET
MIAMI FL 33156

8540
is correct

*Note correction
of typographical
error in address.*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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



Maria Laura Ariano, M.D.
8540 SW 120th St.
Miami, FL 33156

Print and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ARIANO, MARIA L	
STREET ADDRESS	8450 SW 120 STREET	8540
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ARIANO, KATYA A	
STREET ADDRESS	8450 SW 120 STREET	8540
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ARIANO, NADYA K	
STREET ADDRESS	8450 SW 120 STREET	8540
CITY - ST - ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARIA LAURA ARIANO, MD

4-24-06 305 9689478