


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90311 010 ****50.00

DOCUMENT # L06000021425	
1. Entity Name ARTHUR R. SONBERG, M.D., P.L.	

Principal Place of Business 1515 UNIVERSITY DRIVE, SUITE 203 CORAL SPRINGS, FL 33071	Mailing Address 1515 UNIVERSITY DRIVE, SUITE 203 CORAL SPRINGS, FL 33071
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60015017



2. Principal Place of Business - No P.O. Box # 5458 TOWN CENTER ROAD	3. Mailing Address 499 DENNY COURT
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Suite, Apt. #, etc. SUITE #4	Suite, Apt. #, etc.
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01312007 Chg-LLC CR2E083 (12/06)

City & State BOCA RATON, FLORIDA	City & State BOCA RATON, FLORIDA	4. FEI Number 20-4416853	Applied For Not Applicable
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Zip 33486	Country USA	Zip 33486	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KAPLAN, HAROLD E ESQ 1515 UNIVERSITY DRIVE, SUITE 203 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Arthur R. Sonberg **Date:** 2/6/07 **Daytime Phone #:** 561 353-0811