

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028557

**FILED**  
**Apr 19, 2009**  
**Secretary of State**

**Entity Name:** NORMAN RUIZ-CASTANEDA, M.D., L.L.C.

**Current Principal Place of Business:**

7800 RED ROAD  
# 115  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7800 RED ROAD  
#115  
MIAMI, FL 33143

**New Mailing Address:**

7800 RED ROAD  
# 115  
MIAMI, FL 33143

**FEI Number:** 42-1696917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUIZ-CASTANEDA, NORMAN  
7800 RED ROAD  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

RUIZ-CASTANEDA, NORMAN  
7800 RED ROAD  
#115  
MIAMI, FL 33143 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: NORMAN RUIZ-CASTANEDA

04/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RUIZ-CASTANEDA, NORMAN  
Address: 7800 RED ROAD  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES:**

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: NORMAN RUIZ-CASTANEDA

MGR

04/19/2009

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