

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000038273

1. Entity Name
DOWNTOWN MEDICAL PARTNERS LLC



FILED
07 APR -4 PM 2:49

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O KOCHMAN & ZISKA PLC
222 LAKEVIEW AVENUE, SUITE 950
WEST PALM BEACH, FL 33401

Mailing Address
C/O KOCHMAN & ZISKA PLC
222 LAKEVIEW AVENUE, SUITE 950
WEST PALM BEACH, FL 33401



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZISKA, MAURA A ESQ.
KOCHMAN & ZISKA PLC
222 LAKEVIEW AVENUE, SUITE 950
WEST PALM BEACH, FL 33401

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME ZISKA, MAURA A ESQ.
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 950
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☐ Change ☐ Addition
NAME 900096443209
STREET ADDRESS 04/11/07--01016--021 **50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Maura Ziska

Maura A. Ziska

3/28/07

(561) 802-8960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #