


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90085 041 \*\*\*138.75

**DOCUMENT # L06000039849**

1. Entity Name  
**ROBERT J. CASANAS, MD, LLC**



Principal Place of Business      Mailing Address  
**9825 BAY ISLAND DRIVE**      **9825 BAY ISLAND DRIVE**  
**TAMPA, FL 33615 US**      **TAMPA, FL 33615 US**

**60003784**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01102008    Chg-LLC    CR2E083 (12/06)

4. FEI Number **20-4709058**      Applied For  
**APPLIED FOR**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GIOVINCO, IAN S**  
**6152 DELANCEY STATION STREET**  
**SUITE 205**  
**RIVERVIEW, FL 33578**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

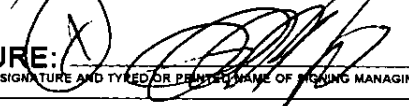
**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>CASANAS, ROBERT J</b>	
STREET ADDRESS	<b>9825 BAY ISLAND DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33615</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**  *Managing Member*      **1/15/08**      **813-851-6530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #