

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059962

FILED
Jan 13, 2009
Secretary of State

Entity Name: ANAMARY QUIROS MESA, M.D., PLLC

Current Principal Place of Business:

12101 PINE NEEDLE LANE
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

12101 PINE NEEDLE LANE
PINECREST, FL 33156

New Mailing Address:

1545 SAN REMO AVE.
CORAL GABLES, FL 33146

FEI Number: 20-5035596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUIROS MESA, ANAMARY
12101 PINE NEEDLE LANE
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

QUIROS MESA, ANAMARY M.D.
12101 PINE NEEDLE LANE
PINECREST, FL 33156 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: ANAMARY QUIROS QUIROS MESA, M.D.

01/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: QUIROS MESA, ANAMARY
Address: 12101 PINE NEEDLE LANE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: QUIROS MESA, ANAMARY M.D.
Address: 12101 PINE NEEDLE LANE
City-St-Zip: PINECREST, FL 33156

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: ANAMARY QUIROS MESA, M.D

MGR

01/13/2009

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