

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90207 026 \*\*\*\*50.00

**DOCUMENT # L06000091116**

1. Entity Name  
**INDIAN RIVER IMPLANT CENTER, LLC**



Principal Place of Business  
**70 ROYAL PALM POINTE, SUITE B  
VERO BEACH, FL 32960**

Mailing Address  
**70 ROYAL PALM POINTE, SUITE B  
VERO BEACH, FL 32960**

**60023575**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007 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

**PEGG, ROBERT L ESQ.  
3055 CARDINAL DRIVE, SUITE #107  
VERO BEACH, FL 32963**

Name

**James Betancourt**

Street Address (P.O. Box Number is Not Acceptable)

**70 Royal Palm Pointe, Suite B**

City

**Vero Beach**

FL

Zip Code

**32960-4256**

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

*James Betancourt, manager*

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

(NOTE: Registered Agent signature required when reinstating)

**3/9/2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM:  
BETANCOURT, JAMES  
70 ROYAL PALM POINTE, SUITE B  
VERO BEACH, FL 32960** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

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

**James W. Betancourt**

Date

Daytime Phone #

**3/9/07**

**(772)**

**567-5981**