

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100516

Entity Name: STEVEN R. POLIAKOFF, M.D., LLC

FILED
Jun 04, 2007
Secretary of State

Current Principal Place of Business:

6280 SUNSET DRIVE, SUITE #502
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6280 SUNSET DRIVE, SUITE #502
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-2700977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POLIAKOFF, STEVEN R M.D.
6280 SUNSET DRIVE, SUITE #502
SOUTH 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: POLIAKOFF, STEVEN R MD
Address: 6280 SUNSET DRIVE #502
City-St-Zip: MIAMI, FL 33143 US

Title: D () Change (X) Addition
Name: POLIAKOFF, JACQUELINE J
Address: 6280 SUNSET DRIVE #502
City-St-Zip: MIAMI, FL 33143 US

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: STEVEN R. POLIAKOFF, MD

D

06/04/2007

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