

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**



|   |   |
|---|---|
| Principal Place of Business                           | Mailing Address                                       |
| 1309 N. FLAGLER DRIVE<br>WEST PALM BEACH, FL 33401 US | 990 BEAR ISLAND DRIVE<br>WEST PALM BEACH, FL 33409 US |

**DO NOT WRITE IN THIS SPACE**

03262008No Chg-LLC CR2E083 (12/07)

|                             |                |
|-----------------------------|----------------|
| 4. FEI Number<br>20-5819254 | Applied For    |
|                             | Not Applicable |

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

6. Name and Address of Current Registered Agent

FLANNERY, KAREN  
990 BEAR ISLAND DRIVE  
WEST PALM BEACH, FL 33409

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

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

DATE  
000000000240  
04/15/08-00055-004 138.79

9. MANAGING MEMBERS/MANAGERS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | MGRM                      |
| NAME            | FLANNERY, KAREN M.D.      |
| STREET ADDRESS  | 990 BEAR ISLAND DRIVE     |
| CITY - ST - ZIP | WEST PALM BEACH, FL 33409 |

|                 |                           |
|-----------------|---------------------------|
| TITLE           | MGRM                      |
| NAME            | ZEQUEIRA, MARIA R M.D.    |
| STREET ADDRESS  | 6800 AUGUSTA COURT        |
| CITY - ST - ZIP | WEST PALM BEACH, FL 33412 |

|                 |                                   |
|-----------------|-----------------------------------|
| TITLE           | MGRM                              |
| NAME            | NEUES, PETRA U M.D.               |
| STREET ADDRESS  | 5420 NORTH OCEAN DRIVE, APT. 1702 |
| CITY - ST - ZIP | WEST PALM BEACH, FL 33404         |

|                |                           |
|----------------|---------------------------|
| TITLE          | MGRM                      |
| NAME           | KRAUS, EVAN R M.D.        |
| STREET ADDRESS | 526 NE SILVER OAK TERRACE |
| CITY-ST-ZIP    | JENSEN BEACH, FL 34957    |

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

1. 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, OR AUTHORIZED REPRESENTATIVE

Data

Daytime Phone # \_\_\_\_\_