

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012105

Entity Name: WILLIAM PENA, MD LLC

FILED
Feb 07, 2008
Secretary of State

Current Principal Place of Business:

601 N FLAMINGO ROAD
416
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

601 N FLAMINGO ROAD
150
PEMBROKE PINES, FL 33028

New Mailing Address:

601 N FLAMINGO ROAD
416
PEMBROKE PINES, FL 33028

FEI Number: 20-8245505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATED MEDICAL PRACTICE
603 N FLAMINGO ROAD
150
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

PENA, WILLIAM R
11910 NW 14 STREET
PEMBROKE PINES, FL 33026 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: WILLIAM PENA

02/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PENA, WILLIAM R
Address: 603 N FLAMINGO ROAD SUITE 150
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PENA, WILLIAM R
Address: 601 N FLAMINGO ROAD SUITE 416
City-St-Zip: PEMBROKE PINES, FL 33028

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: WILLIAM R. PENA

MGRM

02/07/2008

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