FILED
Jun 11, 2008 8:00 am
Secretary of State

04-21-2008 90307 023 ***150.00

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

DOCUMENT # L07000015355

1. Entity Name
GERARDO E. GARCIA, MD LLC

300003100

03282008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
4054 BEAVER LANE SUITE 1 PORT CHARLOTTE, FL 33980 US	28370 COCO PALM DR PUNTA GORDA, FL 33982 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3300 TAMIAMI TRAIL	
Suite, Apt. #, etc.: 102-C	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State
Zip: 33952 Country: USA	Zip / Country

4. FEI Number: 61-1520703 ☐ Applied For ☐ Not Applicable

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
GARCIA, GERARDO E 28370 COCO PALM DR PUNTA GORDA, FL 33982	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, GERARDO E 28370 COCO PALM DR PUNTA GORDA, FL 33982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 Date Daytime Phone #