

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT




FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90181 003 ***138.75

60016030



02202008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000036983					
1. Entity Name ROBERT B. GOLDSTEIN, MD AND MIGUEL J. MORALES, MD LLC					
Principal Place of Business 7621 SW 57TH LANE APT. 154 GAINESVILLE, FL 32608 US			Mailing Address 7621 SW 57TH LANE APT. 154 GAINESVILLE, FL 32608 US		
2. Principal Place of Business - No P.O. Box # 1841 Lakelet Loop Suite, Apt. #, etc.		3. Mailing Address 1841 Lakelet Loop Suite, Apt. #, etc.			
City & State Oviedo, FL		City & State Oviedo, FL		4. FEI Number 68-0651378	
Zip 32765	Country US	Zip 32765	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLDSTEIN, ROBERT B 7621 SW 57TH LANE APT. 154 GAINESVILLE, FL 32608			Name No change Street Address (P.O. Box Number is Not Acceptable) 1841 Lakelet Loop City Oviedo FL Zip Code 32765		
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  Robert B. Goldstein			DATE 3/16/2008		
SIGNATURE (NOTE: Registered Agent signature required when reinstating)					
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 ROBERT B. GOLDSTEIN, MD PA 7621 SW 57TH LANE APT. 154 GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robert B. Goldstein, MD PA 1841 Lakelet Loop Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIGUEL J. MORALES, MD PA 5912 SW 85TH STREET GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Robert B. Goldstein			DATE 3/16/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # 407-365-0550		