


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

03-27-2008 90084 048 ***138.75

DOCUMENT # L07000049977			
1. Entity Name SANTIAGO M LEYTE VIDAL MD LLC			
Principal Place of Business 465 MINUTEMEN CAUSEWAY COCOA BEACH, FL 32931 US		Mailing Address 465 MINUTEMEN CAUSEWAY COCOA BEACH, FL 32931 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURKE, MATTHEW T 503 N ORLANDO AVE SUITE 106 COCOA BEACH, FL 32931		Name <u>Matthew T. Burke, CPA</u> Street Address (P.O. Box Numbers Not Acceptable) <u>1480 N. Atlantic Avenue</u> <u>Suite 707</u> City <u>Cocoa Beach</u> FL <u>32931</u>	
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 <u>Matthew T. Burke, CPA</u>		DATE <u>3/14/08</u>	
Signature typed or printed name of registered agent and title if applicable		(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 LEYTE VIDAL, SANTIAGO M 465 MINUTEMEN CAUSEWAY COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u>		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30004486



03142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0141620 Applied For Not Applicable

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