

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056516

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: DRS. CARR AND GHITIS, PL

**Current Principal Place of Business:**

3001 N.W. 49TH AVENUE  
100  
LAUDERDALE LAKES, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

3001 N.W. 49TH AVENUE  
100  
LAUDERDALE LAKES, FL 33313 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRYE, AUSTIN A ESQ.  
20900 WEST DIXIE HIGHWAY  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARR, MATTHEW L M.D.  
Address: 3001 N.W. 49TH AVENUE, SUITE 100  
City-St-Zip: LAUDERDALE LAKES, FL 33313 US

Title: MGR ( ) Delete  
Name: GHITIS, ARNOLD M.D.  
Address: 3001 N.W. 49TH AVENUE, SUITE 100  
City-St-Zip: LAUDERDALE LAKES, FL 33313 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARNOLD GHITIS, M.D. MGR 01/28/2008

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