

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056516

FILED
Mar 20, 2009
Secretary of State

Entity Name: DRS. CARR, GHITIS, AND CUSNIR, 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

Title: MGRM () Delete
Name: CUSNIR, HENRY 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:

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: MATTHEW CARR, M.D. MGRM 03/20/2009

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