

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074119

Entity Name: F.E. SESKIN, M.D., LLC

FILED  
Jan 08, 2008  
Secretary of State

**Current Principal Place of Business:**

132 MINORCA AVE.  
ATTN: MARVIN BONDHUS M.D.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

132 MINORCA AVE.  
ATTN: MARVIN BONDHUS M.D.  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 06-1821835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION COMPANY OF MIAMI  
250 AUSTRALIAN AV.E  
SUITE 500 (JAF)  
WEST PALM BEACH, FL 33401 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: FARRELL, JAMES  
Address: 250 AUSTRALIAN AVE STE 500  
City-St-Zip: W PALM BEACH, FL 33401

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: JAMES FARRELL

PRES

01/08/2008

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