

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081048

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** MEDICAL CONSULTANTS OF PALM BEACH, LLC

**Current Principal Place of Business:**

601 UNIVERSITY BLVD STE 206  
JUPITER, FL 33458

**New Principal Place of Business:**

601 UNIVERSITY BLVD  
STE 206  
JUPITER, FL 33458

**Current Mailing Address:**

601 UNIVERSITY BLVD STE 206  
JUPITER, FL 33458

**New Mailing Address:**

PO BOX 69  
JUPITER, FL 334680069

**FEI Number:** 35-2305118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIKARA, MAZIN  
601 UNIVERSITY BLVD STE 206  
JUPITER, FL 33458 US

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

SHIKARA, MAZIN  
601 UNIVERSITY BLVD  
STE 206  
JUPITER, FL 33458 US

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:**

03/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SHIKARA, MAZIN  
**Address:** 601 UNIVERSITY BLVD STE 206  
**City-St-Zip:** JUPITER, FL 33458

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SHIKARA, MAZIN  
**Address:** 601 UNIVERSITY BLVD, STE 206  
**City-St-Zip:** JUPITER, FL 33458

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:** MAZIN SHIKARA

DR

03/30/2009

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