2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L07000113121

Entity Name: PATRICIA TANYA WADE MD, LLC

Current Principal Place of Business:

2301 N. UNIVERSITY DR, SUITE 205
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

PO BOX 823902
PEMBROKE PINES, FL 33082

New Mailing Address:

FEI Number: 14-2013952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WADE, PATRICIA T MD
2301 N. UNIVERSITY DR, SUITE 205
PEMBROKE PINES, FL 33024 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: MGR ( ) Delete
Name: WADE, PATRICIA T MD
Address: 5078 SW 183RD AVENUE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WADE, PATRICIA T MD
Address: 2301 N UNIVERSITY DR SUITE 205
City-St-Zip: PEMBROKE PINES, FL 33024

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: PATRICIA WADE MGR 04/28/2008

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