2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L07000126289

Entity Name: IRA L. RAFF M.D. FACS LLC

Current Principal Place of Business:

7371 GREENPORT COVE
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

7371 GREENPORT COVE
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 33-1195937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAFF, IRA L
7371 GREENPORT COVE
BOYNTON BEACH, FL 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: DR ( ) Delete
Name: ZIFFER, MARK D
Address: 5258 LINTON BLVD
City-St-Zip: DELRAY BEACH, FL 33484 PB

ADDITIONS/CHANGES:

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: MARK ZIFFER DR. 01/16/2009

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