

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126289

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

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**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:**

RAFF, IRA L  
7371 GREENPORT COVE  
BOYNTON BEACH, FL 33437 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:

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR  
Name: ZIFFER, MARK D  
Address: 5258 LINTON BLVD  
City-St-Zip: DELRAY BEACH, FL 33484 PB

I hereby 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: IRA L RAFF

DR

01/05/2010

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