

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000013740

**FILED**  
**Jul 01, 2009**  
**Secretary of State**

**Entity Name:** MD NOW MEDICAL CENTERS OF PBG, LLC

**Current Principal Place of Business:**

4570 LANTANA ROAD  
LAKE WORTH, FL 334636908

**New Principal Place of Business:**

9060 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33433

**Current Mailing Address:**

4570 LANTANA ROAD  
LAKE WORTH, FL 334636908

**New Mailing Address:**

**FEI Number:** 01-0790511      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LAMELAS, PETER  
4570 LANTANA ROAD  
LAKE WORTH, FL 334636908 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** LAMELAS, PETER  
**Address:** 4570 LANTANA ROAD  
**City-St-Zip:** LAKE WORTH, FL 334636908

**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:** PETER LAMELAS

DR.

07/01/2009

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