

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000032723

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** ROSALIA LEITE-EVANS MD LLC

**Current Principal Place of Business:**

5200 N FLAGLER DRIVE  
#2303  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

745 US 1  
SUITE # 203  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

5200 N FLAGLER DRIVE  
#2303  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 27-2205182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEITE-EVANS, ROSALIA P  
5200 N FLAGLER DRIVE  
#2303  
WEST PALM BEACH, FL 33407 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: MGRM  
Name: LEITE-EVANS, ROSALIA P  
Address: 5200 N FLAGLER DRIVE #2303  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGRM  
Name: EVANS, DEAN  
Address: 5200 N FLAGLER DRIVE #2303  
City-St-Zip: WEST PALM BEACH, FL 33407 US

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: ROSALIA LEITE EVANS

MGRM

01/06/2011

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