


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>			
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT # L98000001619</b>		1a. Principal Place of Business Address	
JORGE L CASTRIZ, M.D., L.L.C. SUITE 103, 3370 BURNS ROAD PALM BEACH GARDENS FL 33410				SUITE 103, 3370 BURNS ROAD PALM BEACH GARDENS FL 33410	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
				08/27/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
				FL	
City & State		City & State		4. FEI Number	
				15-0860422	
Zip		Country		5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
CASTRIZ, JORGE L M.D. SUITE 103, 3370 BURNS ROAD PALM BEACH GARDENS FL 33410			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
			FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when a new agent is appointed.)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CASTRIZ, JORGE L M.D.	SUITE 103, 3370 BURNS ROAD		PALM BEACH GARDENS FL	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____					