


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90104 002 ****50.00

DOCUMENT # L98000001619	
1. Entity Name JORGE L CASTRIZ, M.D., L.L.C.	

Principal Place of Business SUITE 103, 3370 BURNS ROAD PALM BEACH GARDENS FL 33410	Mailing Address SUITE 103, 3370 BURNS ROAD PALM BEACH GARDENS FL 33410
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (4/04)

4. FEI Number 65-0860422		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CASTRIZ, JORGE L M.D. SUITE 103, 3370 BURNS ROAD PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTRIZ, JORGE L M.D. SUITE 103, 3370 BURNS ROAD PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/23/04 (561)
627-6600