2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L98000001619

Entity Name: JORGE L CASTRIZ, M.D., L.L.C.

Current Principal Place of Business:

SUITE 103, 3370 BURNS ROAD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

724 JACANA WAY
NORTH PALM BEACH, FL 33408

Current Mailing Address:

724 JACANA WAY
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0860422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTRIZ, JORGE L M.D.
SUITE 103, 3370 BURNS ROAD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

CASTRIZ, ROSEMARIE I MRS.
724 JACANA WAY
NORTH PALM BEACH, FL 33408 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: ROSEMARIE I. CASTRIZ 04/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CASTRIZ, JORGE L M.D.
Address: SUITE 103, 3370 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: DR. (X) Change ( ) Addition
Name: CASTRIZ, JORGE L M.D.
Address: 724 JACANA WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

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: ROSEMARIE CASTRIZ MRS. 04/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date