

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002702

1. Entity Name
DONNA M. PINELLI, M.D., L.C.



Principal Place of Business

1002 SOUTH OLD DIXIE HIGHWAY, SUITE 203
JUPITER, FL 33458

Mailing Address

P.O. BOX 1490
JUPITER, FL 33468-1490

DO NOT WRITE IN THIS SPACE



01262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0876881

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINELLI, DONNA MD,LC
1002 SOUTH OLD DIXIE HIGHWAY, SUITE 203
JUPITER, FL 33458

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U00000160541
05/17/04-80003-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PINELLI, DONNA M
STREET ADDRESS	1002 SOUTH OLD DIXIE HIGHWAY, SUITE 203
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Donna M. Pinelli *Donna Pinelli* *5/1/04*

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

Date

Daytime Phone #