


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # L98000002702</b>                 |  |
| 1. Entity Name<br>DONNA M. PINELLI, M.D., L.C. |   |

|   |  |
|---|--|
| Principal Place of Business<br>1002 SOUTH OLD DIXIE HIGHWAY, SUITE 203<br>JUPITER, FL 33458 | Mailing Address<br>P.O. BOX 1490<br>JUPITER, FL 33468-1490 |
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01242005No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number<br>65-0876881  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>PINELLI, DONNA MD,LC<br>1002 SOUTH OLD DIXIE HIGHWAY, SUITE 203<br>JUPITER, FL 33458 |
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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

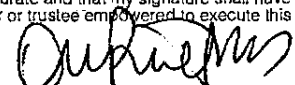
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                    |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | MGR<br>PINELLI, DONNA M<br>1002 SOUTH OLD DIXIE HIGHWAY, SUITE 203<br>JUPITER, FL 33458 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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, M.D., L.C. 3/14/05 748-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #