


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000003382

1. Entity Name
MANUEL G. JAIN, M.D., L.L.C.



Principal Place of Business
**105 S. DIXIE DRIVE
 HAINES CITY, FL 33844**

Mailing Address
**105 S. DIXIE DRIVE
 HAINES CITY, FL 33844**

DO NOT WRITE IN THIS SPACE



01102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3557527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**JAIN, MANUEL G
 1488 N. LAKE MIRROR DR., NW
 WINTER HAVEN, FL 33880**

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

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAIN, MANUEL G 1488 N. LAKE MIRROR DR., NW WINTER HAVEN, FL 338811372
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **Feb 5/08** DAYTIME PHONE #: **863-294-8794**

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