

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-16-2005 90161 027 ****50.00

DOCUMENT # L98000001131 1. Entity Name MITCHELL J. FREED, M.D., P.L.	
--	---

Principal Place of Business 2501 NORTH ORANGE AVENUE, SUITE 505 ORLANDO, FL 32804	Mailing Address 2501 NORTH ORANGE AVENUE, SUITE 505 ORLANDO, FL 32804
--	--

DO NOT WRITE IN THIS SPACE



01052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 52-2149570	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FREED, MITCHELL J.M.D.
2501 NORTH ORANGE AVENUE, SUITE 505
ORLANDO, FL 32804

**DO NOT WRITE
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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FREED, MITCHELL J.M.D. 2501 NORTH ORANGE AVENUE, SUITE 505 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MITCHELL J. FREED

3/11/05 477 889-2111