


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90106 033 \*\*\*138.75

<b>DOCUMENT # L99000001131</b>	
1. Entity Name <b>MITCHELL J. FREED, M.D., P.L.</b>	

Principal Place of Business <b>2501 NORTH ORANGE AVENUE, SUITE 505 ORLANDO, FL 32804</b>	Mailing Address <b>2501 NORTH ORANGE AVENUE, SUITE 505 ORLANDO, FL 32804</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>52-2149570</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent <b>FREED, MITCHELL J M.D. 2501 NORTH ORANGE AVENUE, SUITE 505 ORLANDO, FL 32804</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FREED, MITCHELL J M.D. 2501 NORTH ORANGE AVENUE, SUITE 505 ORLANDO, FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Mitchell J. Freed MD* **Mitchell J. Freed MD** *4/14/08* *407 898-2924*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #