

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000003958	
1. Entity Name ANESCO NORTH BROWARD, LLC	
Principal Place of Business 3601 W. COMMERCIAL BLVD., SUITE 4 & 5 FORT LAUDERDALE, FL 33309	Mailing Address 3601 W. COMMERCIAL BLVD., SUITE 4 & 5 FORT LAUDERDALE, FL 33309



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0930718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELI, RICHARD M.D.
3601 W. COMMERCIAL BLVD.
SUITE 4 & 5
FORT LAUDERDALE, FL 33309

**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	MGRM
NAME	MELI, RICHARD M.D.
STREET ADDRESS	2515 NE 7TH PLACE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33304

TITLE	MGRM
NAME	KOLBERT, PAUL M.D.
STREET ADDRESS	5505 N. MILITARY TRAIL #313
CITY - ST - ZIP	BOCA RATON, FL 33496

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/25/05-80159-006 100.00

**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

4/12/05 9544852002

Date

Daytime Phone #