2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000003958

1. Entity Name
ANESCO NORTH BROWARD, LLC

Principal Place of Business	Mailing Address
3601 W. COMMERCIAL BLVD., SUITE 4 & 5 FORT LAUDERDALE, FL 33309	3601 W. COMMERCIAL BLVD., SUITE 4 & 5 FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

04072006 No Chg-LLC CR2E083 (11/05)

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

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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)

Filing Fee is $50.00
Due by May 1, 2006

000000516185
04/29/06 80236-008 50.00

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

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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: _____ PAUL KOLBERT M.D. 4/11/06 954 485 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #