

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90056 001 \*\*\*138.75

**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

**60030750**



02042008No Chg-LLC

CR2E083 (12/07)

**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 \_\_\_\_\_

**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  
MELI, RICHARD M.D.  
2515 NE 7TH PLACE  
FORT LAUDERDALE, FL 33304

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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 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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Richard Meli* **RICHARD MELI MD** 2/4/08 9544852002