

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90112 004 ****50.00

DOCUMENT # L99000007226 1. Entity Name COCONUT CREEK PHYSICIANS, P.L.	
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Principal Place of Business 3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066	Mailing Address 3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066
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01122005 No Chg-LLC

CF2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0958084

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORNBERG, JOEL M.D.
7301-A WEST PALMETTO PARK ROAD, SUITE 305C
BOCA RATON, FL 33433

**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 (if applicable)

(NOTE: Registered Agent signature required when resigning.)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGELILLO, MICHAEL M.D. 3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLIGNOR, WILLIAM M.D. 3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066
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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: M. P. Angelillo M.D.

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

Date

Daytime Phone #