


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # L99000007226 1. Entity Name COCONUT CREEK PHYSICIANS, P.L.	
---	---

Principal Place of Business 3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066	Mailing Address 3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066
--	--

DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0958084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

0000007226
01/11/08-80017-007 138.75

**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	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
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	

**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:  1/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #