


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000008291

1. Entity Name
RAFAEL RIVAS-CHACON, M.D., L.L.C.



Principal Place of Business Mailing Address

3100 S.W. 62ND AVENUE, COTTAGE #3 **P.O. BOX 431169**
MIAMI, FL 33155 **SOUTH MIAMI, FL 33243-1169**

DO NOT WRITE IN THIS SPACE



04042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 45-4530369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVAS-CHACON, RAFAEL M.D.
3100 S.W. 62ND AVENUE, COTTAGE #3
MIAMI, FL 33155

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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 reappointing)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVAS-CHACON, RAFAEL F 3100 SW 62ND AVE. MIAMI, FL 331553098
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04/10/06-4530369-011 50.00

000000499388
 04/24/06-80028-011 50.00

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: _____ **4/3/06 305-663-8505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #