

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000008291

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



Principal Place of Business
3100 S.W. 62ND AVENUE, COTTAGE #3
MIAMI, FL 33155

Mailing Address
P.O. BOX 431169
SOUTH MIAMI, FL 33243-1169



02072007 No Chg-LLC

CR2E083 (11/05)

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| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 45-4530369 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

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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 03/06/07-80061-017 50.00

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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:

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

Rafael F. Rivas Chacon, manager 2/20/07 3056638505

Date

Daytime Phone #