FROM (MON) JUL 16 20[illegible]

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 14, 2007 8:00 am
Secretary of State
08-06-2007 90056 026 ****50.00
08-14-2007 90026 004 ****50.00

DOCUMENT # L01000006826

1. Entity Name
GOTARDO A RODRIGUES, M.D., L.L.C.

Principal Place of Business
1313 SOUTHWEST FIRST STREET
MIAMI FL 33135

Mailing Address
1313 SOUTHWEST FIRST STREET
MIAMI FL 33135

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2nd MOORE CR2E083 (4/07)

4. FEI Number 90-0218054 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
~~ARIAS, MANNY~~
1313 SOUTHWEST FIRST STREET
MIAMI FL 33135

7. Name and Address of New Registered Agent
Name GOTARDO RODRIGUES
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RODRIGUES, GOTARDO A 555 NE 15TH ST APT 270 MIAMI FL 33132	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
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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] GOTARDO RODRIGUES PARTNER 3056426966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #