


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L0300Q010812  
 1. Entity Name  
 ARTHUR BREGMAN, MD LLC



Principal Place of Business 1320 SOUTH DIXIE HIGHWAY SUITE 1140 CORAL GABLES, FL 33146	Mailing Address 1320 SOUTH DIXIE HIGHWAY SUITE 1140 CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**



01072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-2180446	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  
 BREGMAN, ARTHUR MD  
 1320 SOUTH DIXIE HIGHWAY  
 SUITE 1140  
 CORAL GABLES, FL 33146

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BREGMAN, ARTHUR MD 1320 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146
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**DO NOT WRITE 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)(l), 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 *Arthur Bregman* Date *1/10/05* Daytime Phone # *305668-9000*