2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 13, 2005 8:00 am Secretary of State

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1. Entity Nam	MENT # L03000048 O & FLEITES, M.D., P.L.	228				07-13-2005	90109 00)6 ****5(0.00	
Principal Place	e of Business	Mailing Address					•			
9220 SW 72ND STREET, SUITE 102 9220 SW 72ND STREET, S MIAMI, FL 33173 MIAMI, FL 33173			, SUITE 102				,	•		
2. Principal Place of Business		3. Mailing Address 40 M. FIQUEROA 308 ALLANDER CHR		ROA						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07052005	Chg-LLC	CR2E0	83 (10/03)		
City & State	е	City & State	he El	,	4. FEI Numb			<u> </u>	oplied For	
Zip	Country	Zip	Country			of Status Desired		\$5.00 Add	ditional	
	C. Norma and Address of Correct	72134	NSA		7 Na	8 ddana 6 Naw 1		Fee Require	d .	
···	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New I	registerea A	(gent		
DELGADO), JOSE M JR, MD			TVALITE						
9220 SW 7 MIAMI, FL	72ND STREET, SUITE 102	Street Address		Address (I	P.O. Box Numb	er is Not Acceptabl	le)			
1410 MM, 1 C	00170									
			City				FL	Zip Code	е	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office	or register	ed agent, or bo	th, in the State of Fi	lorida. I am f	amiliar with,	and accept	
SIGNATURE .										
SIGNATIONE.										
SIGNATORE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)		DATE			
Fil	Signature, typed or printed name of registered agent a ling Fee is \$50.00 by September 7, 2005	and title if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)		ke check p		9	
Fil	ing Fee is \$50.00		: Registered Agent sign	ature required	when reinstating)	Florid	ke check p		8	
Fil Due t	ing Fee Is \$50.00 by September 7, 2005 MANAGING MEMBE MGRM DELGADO, JOSE M JR 9220 SW 72ND STREET STE 10	RS/MANAGERS			when reinstating)	Florid	ke check p la Departm		■ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 exciver or trustee empty wered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MUMUS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR TYPED OR TYPED NAME OF SIGNATURE AND TYPED OR T

JOSE M. DELGADO,
MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

R. 7/8/05

(305) 446-1120

Daytime Phone #