


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90019 014 \*\*\*138.75

**DOCUMENT # L03000048228**

1. Entity Name  
 DELGADO & FLEITES, M.D., P.L.



Principal Place of Business  
 9220 SW 72ND STREET, SUITE 102  
 MIAMI, FL 33173

Mailing Address  
 C/O M. FIGUEROA  
 308 ALHAMBRA CIR  
 CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



04162008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  
 FLEITES, JORGE  
 9220 SW 72ND STREET, SUITE 102  
 MIAMI, FL 33173

4. FEI Number  
 59-3773369

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 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.

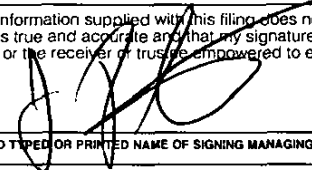
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEITES, JORGE 9220 SW 72ND STREET STE 102 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRIART, MARTIN S 9220 SW 72ND STREET, SUITE 102 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **JORGE FLEITES** 4/16/08 (305) 274-6119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #