

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048228

FILED
Apr 17, 2009
Secretary of State

Entity Name: FLEITES & HIRIART, M.D., P.L.

Current Principal Place of Business:

9220 SW 72ND STREET, SUITE 102
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3773369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEITES, JORGE M.D.
9220 SW 72ND STREET, SUITE 102
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLEITES, JORGE
Address: 9220 SW 72ND STREET STE 102
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: HIRIART, MARTIN S
Address: 9220 SW 72ND STREET, SUITE 102
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date