

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (2R)


FILED
May 31, 2005 8:00 am
Secretary of State

03-29-2005 90118 001 ****50.00

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1st MOORE CR2E083 (10/04)

| | | | | | |
|---|--------------------------------------|----------------|---|---|--|
| DOCUMENT # L04000003985 | | | |  | |
| 1. Entity Name P.A.C. MEDICAL CENTER, L.L.C. | | | | | |
| Principal Place of Business 489 HIALEAH DR, UNIT 5 HIALEAH FL 33010 | | | Mailing Address 489 HIALEAH DR, UNIT 5 HIALEAH FL 33010 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suits, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 542139878 | |
| | | | | 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 HERNANDEZ-POMBO, JUAN JULIO M.D. 489 HIALEAH DR, UNIT 5 HIALEAH FL 33010 | | | 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HERNANDEZ-POMBO, JUAN JULIO M.D. | NAME | | | |
| STREET ADDRESS | 8402 NW 147TH TERR | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>[Signature]</i> | | | Date: 3/23/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone # 305-667-0305 | | |