

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 31, 2006  
Secretary of State**

DOCUMENT# L04000003986

Entity Name: POMCA MEDICAL INSTITUTE, L.L.C.

**Current Principal Place of Business:**

489 HIALEAH DR, UNIT 10  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

489 HIALEAH DR, UNIT 10  
HIALEAH, FL 33010

**New Mailing Address:**

FEI Number: 54-2139876      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HERNANDEZ-POMBO, JUAN JULIO M.D.  
489 HIALEAH DR, UNIT 10  
HIALEAH, FL 33010 US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: HERNANDEZ-POMBO, JUAN JULIO M.D.  
Address: 489 HIALEAH DR, UNIT 10  
City-St-Zip: HIALEAH, FL 33010

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN JULIO HERNANDEZ-POMBO

MGRM

05/31/2006

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