


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049 001 \*3,150.00  
FILED L04000020824

2005 MAY -9 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000020824</b> 1. Entity Name IRWIN STEINBERG MD, LLC	
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Principal Place of Business 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33131-4741	Mailing Address 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33131-4741
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2. Principal Place of Business 700 Hiatus Rd. Suite, Apt. #, etc. Ste 213 City & State Pembroke Pines, FL Zip 33026 Country U.S.A.	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 64-2129332	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33131-4741	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Robert Boyett, MD 8955 S.W. 87 Court, # 214 MIAMI FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mitchell A. Yelen Date: 04/28/05 305-858-5800

Mitchell A Yelen.