


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049001 *3,150.00
L04000020850

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000020850 1. Entity Name SALKIND & GLUCK MD, LLC					
Principal Place of Business 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741		Mailing Address 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741			
2. Principal Place of Business 8950 N. Kendall Dr. Suite, Apt. #, etc. STE 507		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, FL		City & State			
Zip 33170		Country U.S.A		4. FEI Number 54-2129332	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
B. 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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when remaining)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
B. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		President Robert Boyett MD 8955 S.W. 87 COURT # 214 Miami, FL 33170	<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: <u>Mitchell A. Yelen</u>			Date: <u>04/25/05</u> 805-858-5500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Mitchell A Yelen