


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049 001 *3,150.00
FILED L04000020874

2005 MAY -9 PM 1:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L04000020874 1. Entity Name GEOFFREY N. JAMES M.D. & JASON S. JAMES M.D., LLC	
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Principal Place of Business 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741	Mailing Address 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741
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2. Principal Place of Business 7800 S.W. 87th Ave Suite, Apt. #, etc. Ste. A120	3. Mailing Address Suite, Apt. #, etc.
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City & State Miami, FL	City & State		
Zip 33173	Country U.S.A	Zip	Country



04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2129332	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
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8. 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
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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 reappointing) 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		President Robert Boyett, MD 8955 S.W. 87 COURT #214 MIAMI, FL 33176	

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 Daytime Phone #: 305-858-5800

Mitchell A Yelen.