

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


04-28-2005 90049 001 *3,150.00

FL04000020885

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -9 AM 9:36

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DOCUMENT # L04000020885 1. Entity Name KATHLEEN E. GOODMAN MD, 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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[Handwritten initials]



2. Principal Place of Business 7241 SW 43 Ave Suite, Apt. #, etc. Ste 201 City & State Miami, FL Zip 33143 Country U.S.A.	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 04212005 Chg-LLC CR2E083 (10/03) 54-2129332 Applied For Not Applicable
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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
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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 re-registering) 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 8905 S.W. 87 Court #214 Miami, FL 33170 <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
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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 04/25/05 305-858-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Mitchell A. Yelen