2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049 001 *3,150.00 L04000020908

SEURLIARY OF STATE
DIVISION OF CORPORATIONS

OULIOT & COE MD, LLC Include Pace of Business 225 AMATION AVE., SUITE 500 AMM, FL 33133-4741 Milling Address 3225 AVATION AVE., SUITE 500 AMM, FL 33133-4741 AVE. SUITE 500 AMM, FL 33133-47	DOCUMENT # LU4000	020906		1 01413107, 13, [11	REGRATIONS	
222 AVAINON AVE. SUITE 500 MANUEL T. 33133-4741 Privated Paics of Business 24.05 B COTYMY Y.C. V.S. I. BI.V.S. Suite, Apr. 8, etc. Courty Suite April 1-21, 2-3, 3-2. Suite, Apr. 8, etc. Courty Suite April 2-2, 2-3, 3-2. Suite, Apr. 8, etc. Courty Suite April 2-2, 2-3, 3-2. Suite, Apr. 8, etc. Courty Suite April 2-2, 2-3, 3-2. Suite, Apr. 8, etc. Courty Suite April 2-2, 2-3, 3-2. Suite, Apr. 8, etc. Courty Suite April 2-2, 2-3, 3-2. Suite, Apr. 8, etc. Courty Suite Suite, Apr. 8, etc. Courty Suite April 2-2, 2-3, 3-2. Suite, Apr. 8, etc. Courty Suite Suite Apr. 8, etc. Courty Suite Suite Of Foots. Not Additional Fee Regulatered Appent. Coly FLL Zip Code The Above control and Address of New Registered Appent. Coly FLL Zip Code The Above control and Address of New Registered Appent. Coly FLL Zip Code The Above control and Address of New Registered Appent. Coly FLL Zip Code Filling Fee Ins \$50.00 Suite Apr. 8, etc. Coly FLL Zip Code The Above control and Address of New Registered Appent. Coly FLL Zip Code Filling Fee Ins \$50.00 Suite App. 8, etc. Coly FLL Zip Code The Above control and Address of New Registered Appent. Coly FLL Zip Code Full Zip Code Marks Check payable to Filling App. 8, etc. Coly FLL Zip Code Full Zip Code	Entity Name POULIOT & COE MD, LLC			05 MAY -9	AH 9: 13	
Such Apil # 60. City A State Country	Principal Place of Business 3225 AVIATION AVE., SUITE 500 VIAMI, FL 33133-4741	3225 AVIATION AVE., S			30004210	
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20 Country 33351 C Country 33351 C Country 33351 C Country 33351 C Country 4 S. De Additional S. S. Contilicate of Status Decired Control Fee Required 5 Replacement Fee Required 5 Replacement Fee Required 5 Replacement Fee Required 6 Replacement Fee Required 7 Name and Address of New Registered Agent FELEN, MITCHELL A Sincert Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and acceptable or brieflaggers or registered agent, or both, in the State of Florids. I am familiar with, and acceptable or brieflaggers or registered agent, or both, in the State of Florids. I am familiar with, and acceptable or brieflaggers or product and an acceptable to product and an acceptable to Plorida Department of State Filling Fee is \$5.00 Due by May 1, 2005 Make check payable to Plorida Department of State Inc. MANAGING MEMBERS/MANAGERS Inc.		City & State				
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Sireel Address (P.O. Box Number is Not Acceptable) File 25 AVATION AVE., SUITE 500 MIAMI, FL 33133-4741 City FL Zip Code The above named entity submits this sistement for the purpose of changing its registered agent, or both, in the State of Florida. I am families with, and acceptable objects of registered agent, or both, in the State of Florida. I am families with, and acceptable objects of registered agent, or both, in the State of Florida. I am families with, and acceptable objects of registered agent, or both, in the State of Florida. I am families with, and acceptable objects of registered agent, or both, in the State of Florida. I am families with, and acceptable objects of registered agent, or both, in the State of Florida. I am families with, and acceptable objects of registered agent, or both, in the State of Florida. I am families with, and acceptable objects of registered agent, or both, in the State of Florida. I am families with, and acceptable objects of registered agent, or both, in the State of Florida. I am families with, and acceptable objects of registered agent, or both, in the State of Florida. I am families with, and acceptable objects of registered agent, or both, in the State of Florida. I am families with, and acceptable of Florida Department of State Color of the Plant of Transport of Transp	Zip Country	Zip	Country		ired S5.00 Additions	_
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		Current Registered Agent	Name	7. Name and Address of I	New Registered Agent	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. ICHATURE Suppose Typed of preed name of ing times agent and 150 V registeriols DOTE: Registered Agent stopastic required agent.	YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741	·		e (P.O. Box Number is Not Acce	ptable)	
IGNATURE Filling Fee is \$50.00 Make check payable to Florida Department of State Date by May 1, 2005 ID. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS ID. ADDITIONS/CHANGES Change Additional Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ID. ADDITIONS/CHANGES Change Change Additional Payable to Florida Department of State MAKE STREET ADDRESS Chr. 51. 2P Change Additional Payable to Florida Department of State Make Change Additional Payable to Florida Department of State Make Change Additional Payable to Florida Department of State Make Change Additional Payable to Florida Department of State Make Change Additional Payable to Florida Department of State Make Change Additional Payable to Florida Department of State Make Change Additional Payable to Florida Department of State Make Change Additional Payable to Florida Department of State Make Change Additional Payable to Florida Department of State Make Change Additional Payable to Florida State P			City		FL Zip Code	
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ITHE Delete TITLE Delete TITLE Change Addition Street Address CITY-ST-ZIP TILE AME IRRET ADDRESS ITY-ST-ZIP 1. 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Michael A. Yele Addition of the same legal effect as if made under oath; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	ITILE Name Street address City-St-71P	☐ Delete	NAME STREET ADDRESS		☐ Caange ☐) Additio
IREET ADDRESS ITY-ST-ZIP 1. 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: WICKLING A. Yellow 305858-5800	ITILE MAME STREET ADDRESS CITY-SI-ZIP	Oelete	NAME STREET ADDRESS		☐ Change ☐) Addition
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: Michigan A. Yelem od/25/66 305/858-5800	TILE NAME STREET ADDRESS ZITY-SI-ZIP	☐ Delete	name Street address		☐ CRange ☐) Additio
	indicated on this report is true and acculimited liability company or the receiver	rate and that my signature shall have or trustee empowered to execute this	the same legal effect as it report as required by Cha	made under oath; that I am a apper 608, Florida Statutes.	managing member or manager of the ma	nation the