

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030781

FILED
Apr 30, 2009
Secretary of State

Entity Name: MEDAMAX 125, LLC

Current Principal Place of Business:

12000 BISCAYNE BLVD
SUITE 601
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

270 S. HIBISCUS DRIVE
MIAMI BEACH, FL 33139 US

Current Mailing Address:

12000 BISCAYNE BLVD
SUITE 601
NORTH MIAMI, FL 33181 US

New Mailing Address:

270 S. HIBISCUS DRIVE
MIAMI BEACH, FL 33139 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG M. DORNE, PA
407 LINCOLN ROAD
PENTHOUSE SOUTHEAST
MIAMI BEACH, FL FLORIDA US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DORNE, ALAN
Address: 12000 BISCAYNE BLVD, SUITE 601
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: MGRM () Delete
Name: TARACIDO, MANUEL
Address: 12000 BISCAYNE BLVD, SUITE 601
City-St-Zip: NORTH MIAMI, FL 33181 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DORNE, ALAN
Address: 407 LINCOLN ROAD, PH-SE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM (X) Change () Addition
Name: TARACIDO, MANUEL
Address: 270 S. HIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MANUEL TARACIDO

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date