


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000133 1. Entity Name AME MANAGEMENT ASSOCIATES, L.C.	
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Principal Place of Business CARDONA MEDICAL CENTER, INC. 1390 N.W. 7TH ST. MIAMI, FL 33125	Mailing Address CARDONA MEDICAL CENTER, INC. 1390 N.W. 7TH ST. MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0814956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FELUREN, MARK S
ONE FINANCIAL PLAZA, SUITE 1500
FORT LAUDERDALE, FL 33394

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMEDICA CORPORATION 2281 S.W. 27TH AVENUE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARDONA MEDICAL CENTER, INC. 1390 N.W. 7TH STREET MIAMI, FL 33125
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01/30/04-80001-003 150.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Q.D. Anderson* 1/26/04 305-548-3301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #