2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State 02-18-2008 90011 018 ***150.00

DOCUN 1. Entity Name MIAMI EN			4UU&	D • • •	0 20011		.50.00			
Principal Place of Business Mailing Address					4000					
SUITE 101		GELBER & COMPANY 11450 INTERCHANGE CIRCLE NORTH HOLLYWOOD, FL 33025						! !! !! ! !!!! ! !!!		
Principal Place of Business - No PO. Box # 3.		. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112008	Chg-P	CR2E03			
City & State		City & State			4. FEI Number 65-03297	755		· · ·	plied For Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		غ ليا	8.75 Add ee Required		
	6. Name and Address of Current Re	egistered Agent	Name		7. Name and A	ddress of New R	egistered A	jent		
LEAVITT, JAMES M.D.										
7500 SW 87TH AVENUE SUITE 101 MIAMI, FL 33173			Street A	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	331/3		City				Fi	Zip Code		
	named entity submits this statement for t						FL	<u> </u>		
	Signature typed of printed name of registered agent and ENOWILL FEE 1S \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaig		\$5.0	00 May Be		OATE			
10.	OFFICERS AND D		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S (N 11	
TITLE	PD	☐ Delete	IITLE					Change	☐ Addition	
NAME	LEAVITT, JAMES M.D.		NAME	1					Ì	
STREET ADORESS CITY-ST-ZIP	7500 SW 87TH AVENUE SUITE 10 MIAMI, FL 33173	JI	STREET ADDRESS CHY-ST-ZIP						ĺ	
TITLE	. D	☐ Delete	TILE					☐ Change	Addition	
NAME	HERNANDEZ, RICHARD M.D.		NAME							
STREET ADDRESS CITY-ST-ZIP	7500 SW 87TH AVENUE SUITE 19 MIAMI, FL 33173	01	STREET ADDRESS CITY-S1-ZIP							
trile	D	☐ Delete	TITLE						Addition	
NAME	LEDERHANDLER, MARC M.D.		NAME						l	
STREET ADDRESS CITY-ST-ZIP	7500 SW 87TH AVENUE SUITE 1 MIAMI, FL 33173	01	STREET ADDRESS CITY-ST-ZIP						· [
TITLE	D	☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS	RAMS, HUGO M.D. 7500 SW 87TH AVENUE SUITE 1	101	STREET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP							
TITLE	S	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	RUAN, EDUARDO M.D. 7500 SW 87TH AVENUE SUITE 1	Λ1	NAME STREET ADORESS							
CITY-ST-ZIP	MIAMI, FL 33173	01	CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADORESS			NAME STREET ADDRESS						j	
CITY-ST-ZIP			CITY-S1-ZIP							
) certify that the information supplied with t	his filing does not qualify to	r the exemptions of	notained	in Chapter 119	Florida Statutes I	further certi	ly that the a	ntormation	

Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES LEAVITE, M. D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR