2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2004
Secretary of State

DOCUMENT# L02000022402

Entity Name: PRIMARY CARE OF HALLANDALE, LLC

Current Principal Place of Business:

1001 NORTH FEDERAL HIGHWAY
UNIT 106
HALLANDALE, FL 33009

New Principal Place of Business:

P.O. BOX 800247
MIAMI, FL 332800247 US

Current Mailing Address:

P.O. BOX 800217
MIAMI, FL 332800217

New Mailing Address:

P.O. BOX 800247
MIAMI, FL 332800217 US

FEI Number: 02-0641146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET 4TH FL
MIAMI, FL 33145 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/MEMBERS:

Title: PSTD ( ) Delete
Name: FLORES, BROOKE A
Address: 1001 N. FEDERAL HWY, UNIT 106
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FLORES, B
Address: PO BOX 800247
City-St-Zip: MIAMI, FL 332800247 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: B FLORES MGR 03/23/2004

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