

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90111 028 ****50.00

DOCUMENT # L02000014935

1. Entity Name
D.M.D. OF CORAL GABLES, LLC



Principal Place of Business
100 S.E. 2ND STREET, SUITE 3400 2600
MIAMI, FL 33131

Mailing Address
100 S.E. 2ND STREET, SUITE 3400 2600
MIAMI, FL 33131

20009826



2. Principal Place of Business
100 SE 2 ST
Suite, Apt. #, etc. Suite 2600
City & State MIAMI FL
Zip 33131 Country USA

3. Mailing Address
100 SE 2 ST
Suite, Apt. #, etc. Suite 2600
City & State MIAMI FL
Zip 33131 Country USA

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
26-1470548

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, GEORGE
9211 SUNSET DRIVE, SUITE 104
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DIAZ, MICHAEL JR.
STREET ADDRESS 100 S.E. 2ND STREET, SUITE 3400 2600
CITY-ST-ZIP MIAMI, FL 33131

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS Suite # 2600
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MICHAEL DIAZ JR

Date

Daytime Phone #

3053759220