

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002130

FILED
Apr 24, 2006
Secretary of State

Entity Name: SOUTH FLORIDA INFECTIOUS DISEASE AND TROPICAL MEDICINE CENTER, LLC

Current Principal Place of Business:

C/O JUAN C. PEREZ-MORALES, M.D.
8720 N. KENDALL DRIVE, STE. 112
MIAMI, FL 33176

New Principal Place of Business:

S FL INFECTIOUS DISEASE & TROP MED CTR
8700 N. KENDALL DRIVE, STE. 100
MIAMI, FL 33176

Current Mailing Address:

C/O JUAN C. PEREZ-MORALES, M.D.
8720 N. KENDALL DRIVE, STE. 112
MIAMI, FL 33176

New Mailing Address:

S FL INFECTIOUS DISEASE & TROP MED CTR
8700 N. KENDALL DRIVE, STE. 100
MIAMI, FL 33176

FEI Number: 20-2364772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

PEREZ MORALES, JUAN C MD
8700 N KENDALL DRIVE
SUITE 100
MIAMI, FL 33176 US

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: JUAN C PEREZ MORALES, MD

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: PEREZ-MORALES, JUAN C MD
Address: 8700 N KENDALL DR STE 100
City-St-Zip: MIAMI, FL 33176

Title: VP () Change (X) Addition
Name: MURILLO, JORGE MD
Address: 8700 N KENDALL DR STE100
City-St-Zip: MIAMI, FL 33176

Title: TREA () Change (X) Addition
Name: PEREZ-TIRSE, JOSE MD
Address: 8700 N KENDALL DR STE100
City-St-Zip: MIAMI, FL 33176

Title: SEC () Change (X) Addition
Name: MEJIA, JORGE MD
Address: 8700 N KENDALL DR STE 100
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN C PEREZ-MORALES, MD

PRES

04/24/2006

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