

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000180

Entity Name: HIALEAH EMS, MM, L.C.

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

3900 HOLLYWOOD BOULEVARD  
SUITE 101  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

5401 POLK STREET  
HOLLYWOOD, FL 33021

## Current Mailing Address:

3900 HOLLYWOOD BOULEVARD  
SUITE 101  
HOLLYWOOD, FL 33021

## New Mailing Address:

P.O. BOX 813729  
HOLLYWOOD, FL 330813729

FEI Number: 20-0405050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STERN, STEVEN  
3900 HOLLYWOOD BOULEVARD  
SUITE 101  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

STERN, STEVEN  
5401 POLK STREET  
HOLLYWOOD, FL 33021 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:

04/25/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: QUALITY HEALTHCARE L, P LLLP  
Address: 3900 HOLLYWOOD BLVD SUITE 101  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: QUALITY HEALTHCARE L, P LLLP  
Address: 5401 POLK STREET  
City-St-Zip: HOLLYWOOD, FL 33021

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: ARTHUR DISKIN

P

04/25/2006

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