


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 24 AM 8:19

<b>DOCUMENT # A06000000796</b> 1. Entity Name 6140 MEDICAL CENTER, LLLP	
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Principal Place of Business 6140 S.W. 70TH STREET SECOND FLOOR MIAMI, FL 33143	Mailing Address 6140 S.W. 70TH STREET SECOND FLOOR MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-2650423</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  GREEN, MITCHELL F 4000 HOLLYWOOD BLVD. SUITE 485-S HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	BRAND, BARRY		
	6140 S.W. 70TH STREET		
	MIAMI, FL 33143		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	LANOFF, ROBERT		
	6140 S.W. 70TH STREET		
	MIAMI, FL 33143		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ROSEN, SETH		
	6140 S.W. 70TH STREET		
	MIAMI, FL 33143		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ROSENKRANZ, NEIL		
	6140 S.W. 70TH STREET		
	MIAMI, FL 33143		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

**400086231634**  
 01/25/07--01040--010 \*\*508.75

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE: BARRY E. BRAND M.D.**

**305-666-0741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE