

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000796

Entity Name: 6140 MEDICAL CENTER, LLLP

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

6140 S.W. 70TH STREET
SECOND FLOOR
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6140 S.W. 70TH STREET
SECOND FLOOR
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-2650423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD. SUITE 485-S
HOLLYWOOD, FL 33021 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

GENERAL PARTNER INFORMATION:

Document #:
Name: BRAND, BARRY
Address: 6140 S.W. 70TH STREET
City-St-Zip: MIAMI, FL 33143
Document #:
Name: LANOFF, ROBERT
Address: 6140 S.W. 70TH STREET
City-St-Zip: MIAMI, FL 33143
Document #:
Name: ROSEN, SETH
Address: 6140 S.W. 70TH STREET
City-St-Zip: MIAMI, FL 33143
Document #:
Name: ROSENKRANZ, NEIL
Address: 6140 S.W. 70TH STREET
City-St-Zip: MIAMI, FL 33143

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: NEIL E. ROSENKRANZ,

GP

03/19/2009

Electronic Signature of Signing General Partner

_____ Date