

# 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