

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000796

Entity Name: 6140 MEDICAL CENTER, LLLP

FILED  
Jan 26, 2010  
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:

BRAND, BARRY E  
6140 SW 70TH STREET  
2ND FLOOR  
MIAMI, FL 33143 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: BARRY E. BRAND

01/26/2010

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

## ADDRESS CHANGES ONLY:

Address:  
City-St-Zip:

### Document #:

Name: LANOFF, ROBERT  
Address: 6140 S.W. 70TH STREET  
City-St-Zip: MIAMI, FL 33143

Address:  
City-St-Zip:

### Document #:

Name: ROSEN, SETH  
Address: 6140 S.W. 70TH STREET  
City-St-Zip: MIAMI, FL 33143

Address:  
City-St-Zip:

### Document #:

Name: ROSENKRANZ, NEIL  
Address: 6140 S.W. 70TH STREET  
City-St-Zip: MIAMI, FL 33143

Address:  
City-St-Zip:

I hereby 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: BARRY E. BRAND

GP

01/26/2010

Electronic Signature of Signing General Partner

Date