

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001001

1. Entity Name
**INTERNAL MEDICINE ASSOCIATES OF MIAMI BEACH,
LLC**



Principal Place of Business
**4302 ALTON ROAD, SUITE 830
MIAMI BEACH, FL 33140**

Mailing Address
**4302 ALTON ROAD, SUITE 830
MIAMI BEACH, FL 33140**



04192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0977541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLASER, ALLAN M ESQ.
11900 BISCAYNE BOULEVARD SUITE 807
N. MIAMI, FL 33181**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FORSTER, ANDREW J MD
STREET ADDRESS	4302 ALTON ROAD, SUITE 830
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	MGRM
NAME	REINBERG, JAY E MD
STREET ADDRESS	4302 ALTON ROAD, SUITE 830
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	MGRM
NAME	VAZQUEZ, JOSE L MD
STREET ADDRESS	4302 ALTON ROAD, SUITE 830
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

✓ 4/22/04 305 33812