## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L0000001001

1. Entity Name

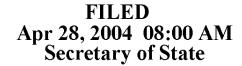
INTERNAL MEDICINE ASSOCIATES OF MIAMI BEACH,



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)

4.	FEI Number		
65-0977541			

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

GLASER, ALLAN M ESQ.

6. Name and Address of Current Registered Agent

11900 BISCAYNE BOULEVARD SUITE 807 N. MIAMI, FL 33181

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 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORSTER, ANDREW J MD 4302 ALTON R OAD, SUITE 830 MIAMI BEACH, FL 33140	<b>10000013519</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REINBERG, JAY E MD 4302 ALTON R OAD, SUITE 830 MIAMI BEACH, FL 33140	04/28/04-80046-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAZQUEZ, JOSE L MD 4302 ALTON ROAD, SUITE 830 MIAMI BEACH, FL 33140	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		at Various Annual Control of Cont
TITLE NAME STREET ADDRESS CITY-ST-ZIP		APPLICATE AND AP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 it 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 ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/22/04 3.53812

Daylime Phone #