2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90152 005 ****50.00

DOCUMENT # L00000002613

1. Entity Name
PINES MEDICAL GROUP, L.C.

Principal Place of Business	Mailing Address
600 N HIATUS RD., #203 PEMBROKE PINES, FL 33026	600 N HIATUS RD., #203 PEMBROKE PINES, FL 33026

24064573

04272004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0993631
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FUXA, LYDIA JANELLA
600 N HIATUS RD., #203
PEMBROKE PINES, FL 33026

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FUENTES, ERNESTO MD PA
STREET ADDRESS	600 N HIATUS RD., #203
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	MGRM
NAME	DEFERIA, ARMANDO A MD PA
STREET ADDRESS	600 N HIATUS RD., #203
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	MGRM
NAME	MENDEZ, JOAQUIN MD PA
STREET ADDRESS	600 N HIATUS RD., #203
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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 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: Armando De Feria, MD PA 4/26/04 954-3927155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #