2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L00000008460

Entity Name: CSDD PHYSICIANS, L.L.C.

Current Principal Place of Business:

3661 SOUTH MIAMI AVENUE, SUITE 805
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3661 SOUTH MIAMI AVENUE, SUITE 805
MIAMI, FL 33133

New Mailing Address:

FEI Number: 22-3850296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZISKIND & ARVIN, P.A.
3059 GRAND AVE
MIAMI, FL 33133 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

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	JOSE GREER, PEDRO JR M.D.	
Address:	3661 SOUTH MIAMI AVENUE, SUITE 805	
City-St-Zip:	MIAMI, FL 33133	
Title:	MGR	( ) Delete
Name:	VIERA, CRISTOBAL M.D.	
Address:	3661 SOUTH MIAMI AVENUE, SUITE 202	
City-St-Zip:	MIAMI, FL 33133	
Title:	MGR	( ) Delete
Name:	AMAYA, WILFREDO M.D.	
Address:	3661 SOUTH MIAMI AVENUE, SUITE 501	
City-St-Zip:	MIAMI, FL 33133	
Title:	MGR	( ) Delete
Name:	SKLAR, VIRGIL F M.D.	
Address:	3659 SOUTH MIAMI AVENUE, SUITE 4003	
City-St-Zip:	MIAMI, FL 33133	
Title:	MGR	( ) Delete
Name:	ECHENIQUE, JORGE M.D.	
Address:	2931 CORAL WAY	
City-St-Zip:	MIAMI, FL 33145	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PEDRO JOSE GREER, JR, M.D. MGR 04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date