

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008460

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

FILED
Feb 01, 2005
Secretary of State

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:

ZISKIND & ARVIN, P.A.
3059 GRAND AVE
SUITE 300
MIAMI, FL 33133 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: KENNETH I. ARVIN

02/01/2005

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: MGR (X) Change () Addition
Name: GREER, PEDRO J JR M.D.
Address: 3661 SOUTH MIAMI AVENUE, SUITE 805
City-St-Zip: MIAMI, FL 33133

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

02/01/2005

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