2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
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:

3059 GRAND AVENUE
SUITE 300
MIAMI, FL 33133

FEI Number: 22-3850296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZISKIND & ARVIN, P.A.
3059 GRAND AVE
SUITE 300
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/MANAGERS:

Title:	MGR	( ) Delete
Name:	GREER, PEDRO J 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:	MGR	(X) Change ( ) Addition
Name:	GUBBINS, GUILLERMO M.D.	
Address:	3641 SOUTH MIAMI AVENUE	
City-St-Zip:	MIAMI, FL 33133	
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 Chapter 119, 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 J. GREER, JR., M.D. MGR 07/05/2006

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