LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2004 8:00 am
Secretary of State
04-30-2004 90077 007 ****50.00

DOCUMENT # L06000009159

1. Entity Name
JJD, LLC

DO NOT WRITE IN THIS SPACE

[redacted]

34006361
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3925 West Boynton Beach Blvd.	3925 Boynton Beach Blvd.
Suite, Apt. #, etc. 110	Suite, Apt. #, etc. 110
City & State Boynton Beach	City & State Boynton Beach Fl.
Zip 33436 Country USA Palm Beach	Zip 33436 Country USA Palm Beach

4. FEI Number 65-1068359 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Joshua Bailin

Street Address (P.O. Box Number is Not Acceptable)
3925 Boynton Beach Blvd. #110

City Boynton Beach FL Zip Code 33436

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 Josha Bailin Josha Bailin 4/13/04
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $60.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE Director NAME Joshua Bailin, M.D. STREET ADDRESS 5503 S. Congress Ave #103 CITY-ST-ZIP Atlantis, FL. 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Director NAME Jose F. Arrascue, M.D. STREET ADDRESS 5503 S Congress Ave # 103 CITY-ST-ZIP Atlantis, FL. 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Manager Director NAME David Halpert, M.D. STREET ADDRESS 5503 S. Congress Ave #110 CITY-ST-ZIP Atlantis, FL. 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Director NAME MARCO G. FARIAS, M.D. STREET ADDRESS 5503 S. Congress Ave CITY-ST-ZIP Atlantis, FL. 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Director NAME Jhon Guzman-Rivera, M.D. STREET ADDRESS 5503 S. Congress Ave. #103 CITY-ST-ZIP Atlantis, FL. 33462	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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CR2E083B (12/02)

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: Billy J. Verbal 4/13/04 561-740 4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #