


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000004777</b> 1. Entity Name LAKEVIEW HEALTH SYSTEMS, L.L.C.	
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Principal Place of Business 2999 N.E. 191 STREET, PH 8 AVENTURA, FL 33180	Mailing Address 2999 N.E. 191 STREET, PH 8 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE

04122004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-1100767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SHURGIN, DAVID 2999 N.E. 191 STREET, PH 8 AVENTURA, FL 33180
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SHURGIN, DAVID 2999 N.E. 191 STREET, PH 8 AVENTURA, FL 33180
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04/28/04-80032-004 50.00

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:  **DAVID SHURGIN** 4/27/04 (305) 918-0009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #