

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005625

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** FORT LAUDERDALE MEDICAL ASSOCIATES P.L.

**Current Principal Place of Business:**

2400 E. LAS OLAS BLVD.  
#254  
FT. LAUDERDALE, FL 333011529

**New Principal Place of Business:**

**Current Mailing Address:**

2400 E. LAS OLAS BLVD.  
#254  
FT. LAUDERDALE, FL 333011529

**New Mailing Address:**

FEI Number: 65-1090741      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:**

**Name and Address of New Registered Agent:**

TOLEDANO, VICTOR  
3701 GALT OCEAN DR  
FORT LAUDERDALE, FL 33308      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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: TOLEDANO, VICTOR  
Address: 2400 E LAS OLAS BLVD STE 254  
City-St-Zip: FT. LAUDERDALE, FL 333011529

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: VICTOR TOLEDANO

MGR

05/01/2006

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