

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005625

FILED
Apr 24, 2008
Secretary of State

Entity Name: FORT LAUDERDALE MEDICAL ASSOCIATES P.L.

Current Principal Place of Business:

3465 GALT OCEAN DR.
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11457
FT. LAUDERDALE, FL 33339

New Mailing Address:

FEI Number: 65-1090741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TOLEDANO, VICTOR
3465 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:

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOLEDANO, VICTOR
Address: 3465 GALT OCEAN DR
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify 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

MD

04/24/2008

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