

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011275

FILED
May 01, 2004
Secretary of State

Entity Name: ESPAILLAT MEDICAL SERVICES, L.C.

Current Principal Place of Business:

2531 NORTH DIXIE HWY
LAKE WORTH, FL 33460

New Principal Place of Business:

2655 LE JEUNE ROAD
326
CORAL GABLES, FL 33134

Current Mailing Address:

2531 NORTH DIXIE HWY
LAKE WORTH, FL 33460

New Mailing Address:

2655 LE JEUNE ROAD
CORAL GABLES, FL 33134

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUINA, MARGARITA P ESQ.
700 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401 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/MEMBERS:

Title: MGR () Delete
Name: ESPAILLAT, ALEXANDER
Address: 2531 NORTH DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ESPAILLAT, ALEXANDER
Address: 2655 LE JEUNE ROAD SUITE 326
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEXANDER ESPAILLAT

MGR

05/01/2004

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