

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011275

FILED
May 08, 2006
Secretary of State

Entity Name: ESPAILLAT MEDICAL SERVICES, L.L.C.

Current Principal Place of Business:

1321 NW 14TH ST.
SUITE 401A
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1321 NW 14TH ST.
SUITE 401A
MIAMI, FL 33125

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

SAMOLE, MYRON M ESQ.
9700 S. DIXIE HIGHWAY STE. 1030
MIAMI, FL 33156 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/MANAGERS:

Title: MGRM () Delete
Name: ESPAILLAT, ALEXANDER
Address: 1423 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESPAILLAT, ALEJANDRO
Address: 1321 NW 14TH STREET SUITE 401-A
City-St-Zip: MIAMI, FL 33125

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: ALEJANDRO ESPAILLAT

MGRM

05/08/2006

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