

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


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**FILED**  
**Aug 27, 2008 8:00 am**  
**Secretary of State**

07-29-2008 90034 015 \*\*\*538.75

**DOCUMENT # L01000011275**

1. Entity Name  
**ESPAILLAT MEDICAL SERVICES, L.L.C.**



Principal Place of Business 1321 NW 14TH ST. SUITE 203 MIAMI, FL 33125	Mailing Address 1321 NW 14TH ST. SUITE 203 MIAMI, FL 33125
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**DO NOT WRITE IN THIS SPACE**

300110000



07242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SAMOLE, MYRON M ESQ.**  
**9700 S. DIXIE HIGHWAY STE. 1030**  
**MIAMI, FL 33156**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPAILLAT, ALEJANDRO 1321 NW 14TH STREET SUITE 401-A MIAMI, FL 33125
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:  Date: 8/21/08 Daytime Phone #: 305-545-9893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE