

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

7/2

**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

**DO NOT WRITE IN THIS SPACE**



07242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

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

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ESPAILLAT, ALEJANDRO
STREET ADDRESS	1321 NW 14TH STREET SUITE 401-A
CITY- ST- ZIP	MIAMI, FL 33125

TITLE	
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CITY- ST- ZIP	

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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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

8/21/08

Date

305-545-9893

Daytime Phone #