

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 09, 2009  
Secretary of State**

DOCUMENT# L01000011275

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

**Current Principal Place of Business:**

1321 NW 14TH ST.  
SUITE 203  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1321 NW 14TH ST.  
SUITE 203  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 20-4102837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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, ALEJANDRO  
Address: 1321 NW 14TH STREET SUITE 401-A  
City-St-Zip: MIAMI, FL 33125

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ESPAILLAT, ALEJANDRO  
Address: 1321 NW 14TH STREET SUITE 203  
City-St-Zip: MIAMI, FL 33125

Title: MGR ( ) Change (X) Addition  
Name: BERMEJO, ROSANNA MBA,CFO  
Address: 1321 NW 14TH STREET SUITE 203  
City-St-Zip: MIAMI, FL 33125

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: ALEJANDRO ESPAILLAT

MGRM

03/09/2009

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