

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011275

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**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 ( )**

**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  
**Name:** ESPAILLAT, ALEJANDRO  
**Address:** 1321 NW 14TH STREET SUITE 203  
**City-St-Zip:** MIAMI, FL 33125

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

I hereby 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: ROSANNA BERMEJO

MGR

04/26/2010

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