

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90005 039 ****50.00

0014473

DOCUMENT # L01000011275

1. Entity Name

ESPAILLAT MEDICAL SERVICES, L.C.



Principal Place of Business

Mailing Address

**100 N. BISCAYNE BLVD., 21ST FLOOR
MIAMI FL 33132-2306**

**100 N. BISCAYNE BLVD., 21ST FLOOR
MIAMI FL 33132-2306**

2. Principal Place of Business

2531 North Dixie Highway

3. Mailing Address

2531 North Dixie Highway

Suite, Apt. #, etc.

Lake Worth, FL 33460

Suite, Apt. #, etc.

Lake Worth, FL 33460

City & State

33460

City & State

33460

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MUINA, MARGARITA P ESQ.
NEW WORLD TOWER, 21ST FLOOR
100 N. BISCAYNE BLVD.
MIAMI FL 33132-2306**

7. Name and Address of New Registered Agent

Name

Muina, Margarita P., Esq.

Street Address (P.O. Box Number is Not Acceptable)

700 N. Olive Avenue

West Palm Beach,

33401

City

FL

Zip Code

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 reinstating)

DATE

Margarita P. Muina

02/25/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Delete
MGR ESPAILLAT, ALEXANDER 100 N. BISCAYNE BLVD., 21ST. FL MIAMI FL 33132	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2531 North Dixie Highway Lake Worth, FL 33460	<input checked="" type="checkbox"/>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

2/21/03

561-586-6564

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

Date

Daytime Phone #

CR2E083 (10/02)