

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90366 046 \*\*\*\*50.00

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<b>DOCUMENT # L01000021487</b> 1. Entity Name <b>EAST SIDE MEDICAL CENTER OF SOUTH FLORIDA, LLC</b>					
Principal Place of Business <b>300 SE 15TH STREET FT. LAUDERDALE, FL 33316</b>			Mailing Address <b>300 SE 15TH STREET SECOND FLOOR FT. LAUDERDALE, FL 33316</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1158204</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>RUBIN, MARK A 300 SE 15TH STREET FT. LAUDERDALE, FL 33316</b>				7. Name and Address of New Registered Agent Name <b>Chane Katz, M.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 SE 15th St.</b> City <b>Ft. Lauderdale, FL</b> Zip Code <b>33316</b>	
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 <small>Signature, typed or printed name of registered agent and type if applicable.</small>		DATE <b>4/17/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RUBIN, MARK A 400 SW 14TH CT FORT LAUDERDALE, FL 33315</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR. Chane Katz 300 SE 15th St. Ft. Lauderdale, FL 33316</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.					
<b>SIGNATURE:</b>			Date <b>4/17/07</b> Daytime Phone # <b>954 504 9783</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					