

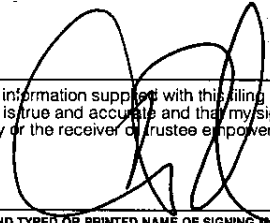


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90057 024 ****50.00

DOCUMENT # L01000021980 1. Entity Name CAC-FLORIDA MEDICAL CENTERS, LLC					
Principal Place of Business 55 ALHAMBRA PLAZA 7TH FL CORAL GABLES, FL 33134				Mailing Address 55 ALHAMBRA PLAZA 7TH FL CORAL GABLES, FL 33134	
2. Principal Place of Business 255 ALHAMBRA CIRCLE Suite, Apt. #, etc. STE 500 City & State Zip Country		3. Mailing Address 255 ALHAMBRA CIRCLE Suite, Apt. #, etc. STE 500 City & State Zip Country			
4. FEI Number 26-0010657				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04092004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVE., 28TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, MIGUEL B 55 ALHAMBRA PLAZA 7TH FL CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, PRESIDENT, CEO ARISTIDES PALLIN 255 ALHAMBRA CIRCLE #500 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, VP GEORGE FERNANDEZ 255 ALHAMBRA CIRCLE #500 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLOS PAORON 255 ALHAMBRA CIRCLE #500 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRIAN S SCHACKER 255 ALHAMBRA CIRCLE #500 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF MEDICAL OFFICER DR JOSE PEREZ 255 ALHAMBRA CIRCLE #500 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			ARISTIDES PALLIN PRES		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		