


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90284 049 \*\*\*\*55.00

<b>DOCUMENT # L02000000537</b> 1. Entity Name OTMD HOLDING, L.L.C.					
Principal Place of Business <del>135 WEST 49TH STREET</del> <del>HIALEAH, FL 33012</del>			Mailing Address 601 BRICKELL KEY DRIVE, SUITE 507 C/O IVAN A GOMEZ, P.A. MIAMI, FL 33131		
2. Principal Place of Business <b>5742 West 2nd Court</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Hialeah, FL</b>		City & State		4. FEI Number <b>APPLIED FOR</b>	
Zip <b>33012</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>IAG CORPORATE SERVICES, INC</b> <b>601 BRICKELL KEY DRIVE, SUITE 507</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name - Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</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	MGR TORRES, ORLANDO F 135 WEST 49TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES, ORLANDO S 135 WEST 49TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES, ELBA 135 WEST 49TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES, ORLANDO F 135 WEST 49TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES, ORLANDO S 135 WEST 49TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES, ELBA 135 WEST 49TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORRES, ELBA 135 WEST 49TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete			
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 60B, Florida Statutes.					
<b>SIGNATURE:</b> <i>Orlando F. Torres</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			409-04 (305) 371-9213 Date Daytime Phone #		

ORLANDO F. TORRES, M.D.