FLORIDA LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001743

1. Entity Name
MEDICAL & PSYCHIATRIC HEALTH GROUP OF MIAMI, LLC

Principal Place of Business	Mailing Address
4505 W. FLAGLER STREET, STE: 201 MIAMI, FL 33134	4505 W. FLAGLER STREET, STE: 201 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

02192004 Nc Chg-LLC CR2E033 (10/03)

FEI Number
80-0037275

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent

NORIEGA, HENRY P
4505 W. FLAGLER STREET, STE: 201
MIAMI, FL 33134

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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 _____ DATE
Signature of new registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000123101
04/21/04-80057-003 55.00

	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	NORIEGA, HENRY P
STREET ADDRESS	1000 NW N RIVER DRIVE #108
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 other authorized representative to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Henry P. Noriega 4/14/04 (305)444-3333
SIGNATURE, TITLE OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone Number