

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005035

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: PLANTATION MEDICAL PLAZA, L.L.C.

**Current Principal Place of Business:**

201 N.W. 70TH AVE.  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

201 N.W. 70TH AVENUE  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 04-3610663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDBERG, MARK  
5400 S UNIVERSITY DRIVE  
SUITE 601  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

GOLDBERG, MARK  
4780 DAVIE ROAD  
SUITE 101  
DAVIE, FL 33314 US

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.

SIGNATURE:

03/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BASTO, JUAN  
Address: 201 N.W. 70TH AVE.  
City-St-Zip: PLANTATION, FL 33317

Title: MGRM ( ) Delete  
Name: BASTO, MARIA C  
Address: 201 NW 70TH AVE.  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN BASTO

MGRM

03/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date