


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/30/2003-90041-006-\$50.00-\$50.00 *
9/25/2003-90040-008-\$50.00-\$50.00

DOCUMENT # L02000005412

1. Entity Name
CORUM HEALTHCARE MANAGEMENT, LLC



FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business: 1840 SOUTHWEST 22 STREET, 4TH FLOOR, MIAMI FL 33145
Mailing Address: P.O. BOX 546752, SURFSIDE FL 33154

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

4. FEI Number: **04-3621733**
Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST. .
4TH FLOOR
MIAMI FL 33145**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	MGRM	KLEIN, AVI	P.O. BOX 546752	SURFSIDE FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED *[Signature]* Date: 9/3/03 Daytime Phone # _____

CR2E083 (4/03)