

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011402

FILED
Apr 30, 2004
Secretary of State

Entity Name: FLAMINGO MEDICAL CENTER, LLC

Current Principal Place of Business:

2100 WEST 76TH ST., STE. 401
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2100 WEST 76TH ST., STE. 401
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 81-0551028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVARADO, MIGDALIA E
2100 WEST 76TH ST., STE. 401
HIALEAH, FL 33016

Name and Address of New Registered Agent:

PORTNOY, JOSE
2100 WEST 76TH ST., STE. 401
HIALEAH, FL 33016

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: JOSE PORTNOY

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SOCOLSKY, ADRIAN I
Address: 2100 WEST 76TH ST., STE. 401
City-St-Zip: HIALEAH, FL 33016

Title: S () Delete
Name: PORTNOY, JOSE
Address: 2100 W 76TH STREET, #401
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOCOLSKY, ADRIAN I
Address: 2100 WEST 76TH ST., STE. 401
City-St-Zip: HIALEAH, FL 33016

Title: MGRM (X) Change () Addition
Name: PORTNOY, JOSE
Address: 2100 W 76TH STREET, #401
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADRIAN SOCOLSKY

MGRM

04/30/2004

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