
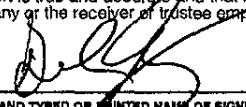


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000018050</b> 1. Entity Name <b>CONNOLLY GOLDBERG MEDICAL GROUP, L.L.C.</b>		
Principal Place of Business <b>15053 SOUTH DIXIE HWY MIAMI, FL 33176</b>	Mailing Address <b>12201 SW. 101 AVENUE MIAMI, FL 33176</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GOLDBERG, DAVID B M.D. 12201 SW. 101 AVENUE MIAMI, FL 33176</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDBERG, MD, DAVID B 12201 SW 101 AVE. MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3/16/05 (305) 251-3434 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone # Ext. 310		



03092005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>22-3857296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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03/18/05-80054-UUS 50.00

**DO NOT WRITE  
IN THIS SPACE**