

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021347

FILED
Aug 08, 2006
Secretary of State

Entity Name: CENTRUM PLAZA MEDICAL HOLDINGS, L.L.C.

Current Principal Place of Business:

1 SW 129TH AVENUE, STE. 401
PEMBROKE PINES, FL 33021

New Principal Place of Business:

Current Mailing Address:

1 SW 129TH AVENUE, STE. 401
PEMBROKE PINES, FL 33021

New Mailing Address:

FEI Number: 56-2290050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EISINGER, DENNIS J ESQ
4000 HOLLYWOOD BLVD., STE. 265-SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

JAFFE, MARK
1 SW 129TH AVE.
SUITE 401
PEMBROKE PINES, FL 33027 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: MARK JAFFE, M.D.

08/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAFFE, MARK
Address: 1 SW 129TH AVENUE, STE. 401
City-St-Zip: PEMBROKE PINES, FL 33021

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK JAFFE, M.D.

MGRM

08/08/2006

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