

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021347

FILED
Mar 19, 2009
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 ()

Name and Address of Current Registered Agent:

JAFFE, MARK
1 SW 129TH AVE.
SUITE 401
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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: _____

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 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

MGR

03/19/2009

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