

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022402

FILED
Apr 30, 2005
Secretary of State

Entity Name: PRIMARY CARE OF HALLANDALE, LLC

Current Principal Place of Business:

P.O. BOX 800247
MIAMI, FL 332800247 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 800247
MIAMI, FL 332800217 US

New Mailing Address:

FEI Number: 02-0641146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET 4TH FL
MIAMI, FL 33145 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/MEMBERS:

Title: MGR () Delete
Name: FLORES, B
Address: PO BOX 800247
City-St-Zip: MIAMI, FL 332800247 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: WHITNEY, R
Address: PO BOX 800247
City-St-Zip: MIAMI, FL 33280

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: R WHITNEY

MGR

04/30/2005

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