

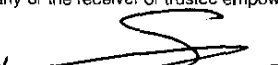


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90409 007 ****50.00

DOCUMENT # L02000023475					
1. Entity Name CLINIQUE MEDMANAGEMENT GROUP, LLC					
Principal Place of Business 1720 HARRISON 1725 HOLLYWOOD, FL 33020 US			Mailing Address 1720 HARRISON 1725 HOLLYWOOD, FL 33020 US		
2. Principal Place of Business 750 S. FEDERAL HWY Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.		24044094 	
City & State Hollywood FL		City & State		01072004 Chg-LLC CR2E083 (10/03)	
Zip 33020		Country USA		4. FEI Number 06-1660524	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERNSTEIN, JEFFREY 100 NORTH BISCAYNE BLVD. 2608 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee Is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORTHMANSKY, LEE 340 SUNSET DRIVE, #308 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER. SANDRO BACHELLI 750 S. FEDERAL HWY HOLLYWOOD FL. 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LOUIS F. MOCCIA 750 S. FEDERAL HWY HOLLYWOOD. FL. 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MARTIN COLEMAN 750 S. FEDERAL HWY HOLLYWOOD. FL. 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER CHRISTOPHER PEREZ 750 S. FEDERAL HWY HOLLYWOOD. FL. 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: X  SANDRO BACHELLI			04/08/04 954-342-8800 <small>Date Daytime Phone #</small>		