


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000023475</b> 1. Entity Name <b>CLINIQUE MEDMANAGEMENT GROUP, LLC</b>	
----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>750 S. FEDERAL HWY HOLLYWOOD, FL 33020 US</b>	Mailing Address <b>750 S. FEDERAL HWY HOLLYWOOD, FL 33020 US</b>
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------



07102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1660524</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent  <b>BERNSTEIN, JEFFREY 100 NORTH BISCAYNE BLVD. 2608 MIAMI, FL 33132</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BACCHELLI, SANDRO 750 S. FEDERAL HWY HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOCCIA, LOUIS F 750 S. FEDERAL HWY HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLEMAN, MARTIN 750 S. FEDERAL HWY HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, CHRISTOPHER 750 S. FEDERAL HWY HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000769859 07/20/07-80009-001 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p> <p>U000000769859 07/20/07-80009-002 5.00</p>
-------------------------------------------------------------------------------------------------------------------------------------------------

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Louis F. Moccia* **7/16/07** **954-342-8800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #