2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000026913

1. Entity Name
MEDICAL HEALTH CENTER, LLC

Principal Place of Business	Mailing Address
3600 WEST FLAGLER STREET MIAMI, FL 33135	3600 WEST FLAGLER STREET MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

02012005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
26-5215373	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ-ESPINOSA, MANUEL
3600 W FLAGLER ST
MIAMI, FL 33135

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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 May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PEREZ-ESPINOSA, MANUEL
STREET ADDRESS	3600 WEST FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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02/10/05-00004-019   50.00

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 2-4-05   305-444-3461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #