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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/24/2003-90255-033-$50.00-$50.00 *
9/25/2003-90041-018-$50.00-$50.00

03 OCT 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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 Manuel Perez-Espinosa 9-23-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Manuel Perez-Espinosa, M.D. 3600 West Flagler Street ~~Miami, FL 33135~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/03)

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: SIGNATURE REQUIRED Manuel Perez-Espinosa 9-23-2003 (305) 444-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SHUTTS & BOWEN LLP

ATTORNEYS AND COUNSELLORS AT LAW

RICARDO J. SOUTO, ESQ.
DIRECT LINE: (305) 415-9075

EMAIL ADDRESS
rsouto@shutts-law.com

October 27, 2003

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Re: MEDICAL HEALTH CENTER, LLC
Document No. L02000026913

Dear Sir or Madam:

Enclosed is a letter, dated September 25, 2003, that we recently received from the Florida Department of State regarding the 2003 Limited Liability Company Uniform Business Report ("UBR") for Medical Health Center, LLC ("Medical Health"). Based upon the letter, it appears that the UBR and $50 filing fee were timely remitted to the Florida Department of State. However, the UBR was not accepted by the Department of State because lines 4 and 9 of the UBR were incomplete.

In response to the request from the Department of State, enclosed is the completed UBR for Medical Health.

If you have any questions or require further information, please call us.

Sincerely,

Ricardo J. Souto

R1S/lrp
Enclosures
cc: Manuel Perez-Espinosa, M.D. (w/enc.)
Aliette D. Rodz, Esq. (w/enc.)

MIADOCS 633149.1 LRP