


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 30 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000027165 1. Entity Name DMS Miami-Dade County, L.C.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2199 Ponce de Leon Boulevard Suite, Apt. #, etc. Suite 301	3. Mailing Address 2199 Ponce de Leon Boulevard Suite, Apt. #, etc. Suite 301
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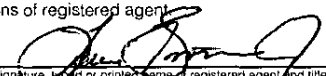
DO NOT WRITE IN THIS SPACE

City & State Coral Gables, FL	City & State Coral Gables, FL	4. FEI Number Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Stewart Agent Services
Street Address (P.O. Box Number is Not Acceptable)	2199 Ponce de Leon Boulevard, Suite 301
City	Coral Gables FL Zip Code 33134

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  Secretary 04/28/2003
Signature, typed or printed name of registered agent, and title if applicable. DATE


**FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Pres - Daniel, Mark, P. 6025 LeGrange Boulevard Atlanta, GA 30336	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p align="center">DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/VP/AS - Daniel, Brad 6025 LeGrange Boulevard Atlanta, GA 30336	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S - Stinson, Louis, Jr. 2199 Ponce de Leon Boulevard, Suite 301 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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  Louis Stinson, Jr. 04/28/2003 305-444-8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #