

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034766

FILED
Feb 06, 2008
Secretary of State

Entity Name: RMA MSO, LLC

Current Principal Place of Business:

7800 W. OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

7800 W. OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 11-3668686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH J
7800 W OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DI CAPUA, JOSEPH J
Address: 7800 W OAKLAND PARK BLVD, E-214
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR () Delete
Name: GONZALEZ, MANUEL M.D.
Address: 7800 W OAKLAND PARK BLVD, E-214
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR () Delete
Name: SMETS, MICHAEL M.D.
Address: 7800 W OAKLAND PARK BLVD, E-214
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH J DI CAPUA

MGRM

02/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date