


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000006101	
1. Entity Name MIAMI CHILDREN'S HOSPITAL PRPG, LLC	

Principal Place of Business 3100 SW 62 AVENUE MIAMI, FL 33155 US	Mailing Address 3100 SW 62 AVENUE MIAMI, FL 33155 US
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**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 76-0724684	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STRATOS, KIMARIE R  
3100 SW 62 AVENUE  
ADMINISTRATION, 2ND FLOOR  
MIAMI, FL 33155

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000360705  
05/05/05-80045-003 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROZEK, THOMAS 3100 SW 62ND AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARROLL, DAVID 3100 SW 62ND AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRATOS, KIMARIE 3100 SW 62ND AVENUE MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David W. Carroll 4/28/05 (305) 666-6511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # EXT 253