


**2005 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

**FILED**  
05 JUN -8 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000006101</b>			
1. Entity Name <b>MIAMI CHILDREN'S HOSPITAL PRPG, LLC</b>			
Principal Place of Business <b>3100 SW 62 AVENUE MIAMI, FL 33155 US</b>		Mailing Address <b>3100 SW 62 AVENUE MIAMI, FL 33155 US</b>	
2. Principal Place of Business		3. Mailing Address <i>JK</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>76-0724684</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>STRATOS, KIMARIE R 3100 SW 62 AVENUE ADMINISTRATION, 2ND FLOOR MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City <b>FL</b> 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROZEK, THOMAS</b>	NAME	
STREET ADDRESS	<b>3100 SW 62ND AVENUE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 33155</b>	CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARROLL, DAVID</b>	NAME	
STREET ADDRESS	<b>3100 SW 62ND AVENUE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 33155</b>	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRATOS, KIMARIE</b>	NAME	
STREET ADDRESS	<b>3100 SW 62ND AVENUE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 33155</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>THOMAS M. ROZEK</i>		Date: <i>3 June 2005</i> (385) 662-4203	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING AUTHORIZING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



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