

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90018 042 ***143.75

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

50005009



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3100 SW 62 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Finance & Accounting

City & State

City & State

Miami, FL

Zip

Country

Zip

33155

Country

US

04182008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

76-0724684

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P
NAME ROZEK, THOMAS
STREET ADDRESS 3100 SW 62ND AVENUE
CITY-ST-ZIP MIAMI, FL 33155 ☒ Delete

TITLE P
NAME KINI, M. NARENDRA, MD
STREET ADDRESS 3100 SW 62 AVENUE
CITY-ST-ZIP MIAMI, FL 33155 ☒ Change ☐ Addition

TITLE D
NAME STRATOS, KIMARIE
STREET ADDRESS 3100 SW 62ND AVENUE
CITY-ST-ZIP MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

M. NARENDRA KINI, MD

4/22/08

(305)

666-6511 ext 2556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #