FILED
Apr 24, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018840

1. Entity Name
VARADERO MEDICAL CENTER OF MIAMI, LLC

Principal Place of Business	Mailing Address
5850 W. FLAGLER STREET MIAMI, FL 33144	5850 W. FLAGLER STREET MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

04202006No Chg-LLC CR2E083 (11/05)

4. FEI Number
43-2016393
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CARO, PEDRO R
5850 W. FLAGLER STREET
MIAMI, FL 33144

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARO, PEDRO R
STREET ADDRESS	5850 W. FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000530848
05/06/06-80013-021 50.00

DO NOT WRITE IN THIS SPACE

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: PEDRO R. CARO MGR. 4/10/06 (305) 4639590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #