2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# L03000020253

Entity Name: 5333 MEDICAL, LLC

Current Principal Place of Business:

3801 N. UNIVERSITY DRIVE
SUITE 502
SUNRISE, FL 33351 US

New Principal Place of Business:

5333 NORTH DIXIE HWY
SUITE 204
OAKLAND PARK, FL 33334 US

Current Mailing Address:

3801 N. UNIVERSITY DRIVE
SUITE 502
SUNRISE, FL 33351 US

New Mailing Address:

5333 NORTH DIXIE HWY
SUITE 204
OAKLAND PARK, FL 33334 US

FEI Number: 20-0628372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILNE, JAMES R DR
3801 NORTH UNIVERSITY DRIVE
SUITE 502
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

MILNE, JAMES R DR
5333 NORTH DIXIE HWY
SUITE 204
OAKLAND PARK, FL 33334 US

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: SUSAN CIMAGLIA 01/16/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MILNE, JAMES R
Address: 3801 NORTH UNIVERSITY DRIVE 502
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MILNE, JAMES R
Address: 5333 NORTH DIXIE HWY SUITE 204
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN CIMAGLIA MGR 01/16/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date