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Jun 13, 2005 8:00 am
Secretary of State
05-03-2005 90029 019 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021149

1. Entity Name
CAPS MEDICAL MANAGEMENT, L.L.C.

30009263

Principal Place of Business	Mailing Address
1800 WEST HILLSBOROUGH BLVD. SUITE 205 DEERFIELD BEACH, FL 33442 US	1800 WEST HILLSBOROUGH BLVD. SUITE 205 DEERFIELD BEACH, FL 33442 US

DO NOT WRITE IN THIS SPACE

04202005No Chg-LLC CR2E083 (10/03)

4. FEI Number
55-0836095
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ-MASA, FRANCISCO J
1800 WEST HILLSBOROUGH BLVD.
SUITE 205
DEERFIELD BEACH, FL 33442

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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] (NOTE: Registered Agent signature required when necessary) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM - TREASURER
NAME	PEREZ-MASA, FRANCISCO J
STREET ADDRESS	1800 WEST HILLSBOROUGH BLVD, SUITE 205
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	Member - Secretary
NAME	Speiller, Paul
STREET ADDRESS	1800 W. Hillsboro Blvd Suite 205
CITY-ST-ZIP	Deerfield FL 33442
TITLE	Member - President
NAME	Chediak, Nidia
STREET ADDRESS	1800 W Hillsboro Suite 205
CITY-ST-ZIP	Deerfield FL 33442
TITLE	Member - Vice President
NAME	Arrien, Victor
STREET ADDRESS	1800 W. Hillsboro Suite 205
CITY-ST-ZIP	Deerfield FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 605, Florida Statutes.

SIGNATURE: [signature] 4-26-05 954-428-3500

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #