

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021149

FILED
Mar 28, 2006
Secretary of State

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

Current Principal Place of Business:

1800 WEST HILLSBOROUGH BLVD.
SUITE 205
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1800 WEST HILLSBOROUGH BLVD.
SUITE 205
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 55-0836095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

03/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: T () Delete
Name: PEREZ-MASA, FRANCISCO J
Address: 1800 WEST HILLSBOROUGH BLVD, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: S () Delete
Name: SPEILLER, PAUL
Address: 1800 WEST HILLSBOROUGH BLVD, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: P () Delete
Name: CHEDIAK, NIDIA
Address: 1800 WEST HILLSBOROUGH BLVD, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: V () Delete
Name: ARRLLEN, VICTOR
Address: 1800 WEST HILLSBOROUGH BLVD, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES:

Title: T (X) Change () Addition
Name: PEREZ-MESA, FRANCISCO J
Address: 1800 WEST HILLSBOROUGH BLVD, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ARRIEN, VICTOR
Address: 1800 WEST HILLSBOROUGH BLVD, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33442

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: FRANCISCO PEREZ-MESA

M.D

03/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date