


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000022275**  
 1. Entity Name  
 AZTEC MEDICAL SERVICES, LLC



Principal Place of Business: 7955 NW 12 STREET, #405 MIAMI, FL 33126  
 Mailing Address: 7955 NW 12 STREET, #405 MIAMI, FL 33126

**DO NOT WRITE IN THIS SPACE**



02082005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0741921	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CFRA, LLC  
 CORPORATE CENTER THREE AT INT'L PLAZA  
 4221 W. BOY SCOUT BLVD, 10TH FLOOR  
 TAMPA, FL 33607-5736

**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, 2005**

U0000022275180  
 02/12/05-80005-010 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADORSKY, MARTIN 6101 BLUE LAGOON DRIVE SUITE 455 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINTAURO, WILLIAM 6101 BLUE LAGOON DRIVE SUITE 455 MIAMI, FL 33126
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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)(f), 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] DATE 2/8/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #