2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L03000022575

Entity Name: HALLANDALE MEDICAL ASSOCIATES LLC

Current Principal Place of Business:

425 N. FEDERAL HIGHWAY
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

425 N. FEDERAL HIGHWAY
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 20-0050129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOYKHMAN, EDWARD
18160 COLLINS AVENUE
SUITE #2
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

SIDORENKO, ALYONA
18160 COLLINS AVENUE
SUITE #2
SUNNY ISLES, FL 33160 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: ALYONA SIDORENKO 04/30/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: GOYKHMAN, EDWARD
Address: 18160 COLLINS AVENUE, SUITE #2
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOYKHMAN, JENNIFER
Address: 6 EAST 45TH STREET
City-St-Zip: NEW YORK, NY 10017 US

Title: MGR ( ) Change (X) Addition
Name: SIDORENKO, ALYONA
Address: 56 BAL BAY DRIVE
City-St-Zip: BAL HARBOUR, FL 33154 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALYONA SIDORENKO MGR 04/30/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date