2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# L03000024016

Entity Name: MEDICAL MANAGEMENT OF THE PALM BEACHES, LLC

Current Principal Place of Business:

C/O RICHARD PALADINO
505 SOUTH FLAGLER DR., STE. 1330
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

C/O RICHARD PALADINO
505 SOUTH FLAGLER DR., STE. 1330
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 83-0363799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALADINO, RICHARD
505 SOUTH FLAGLER DR., STE. 1330
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: BUTLER, HOWARD
Address: 3989 N.W. 52ND PLACE
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Delete
Name: BOYLE, THOMAS P
Address: 3978 N.W. 58TH RD.
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

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

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

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: HOWARD BUTLER MGR 01/07/2005

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