

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90271 021 ****50.00

DOCUMENT # L03000032055

1. Entity Name
WEST MIAMI MEDICAL PLAZA, LLC



Principal Place of Business
2695 LEJUNE ROAD, SUITE 201
MIAMI, FL 33134

Mailing Address
2695 LEJUNE ROAD, SUITE 201
MIAMI, FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0829443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, J. LUIS
338 MINORCA AVENUE
QUINTANA & ASSOCIATES, P.A.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete
NAME **SAUL LANES**
STREET ADDRESS **2695 Le Jeune Rd Ste 201**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

SAUL LANES MD 3/11/04 (305)227-0604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #