


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4/21

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90450 036 \*\*\*\*50.00

<b>DOCUMENT # L03000034429</b>					
1. Entity Name <b>MANUEL J. BACALLAO, M.D., LLC</b>					
Principal Place of Business 8525 SW 92 ST., STE. B-4 MIAMI, FL 33156			Mailing Address 8525 SW 92 ST., STE. B-4 MIAMI, FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0257390</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ELLIS, SETH E ESQ THERREL BAISDEN, ESQ ONE S.E. THIRD AVE., STE. 2400 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 <i>Manuel J Bacallao MD LLC</i>				DATE <b>4/17/04</b>	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>		NAME		
STREET ADDRESS	<b>Manuel J. Bacallao MD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>7522 SW 135 Place</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Miami, Fla 33183</b>		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 609, Florida Statutes.					
SIGNATURE: <i>Manuel J. Bacallao MD LLC</i>				Date <b>4/17/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <b>(305) 279-7446</b>	

34005444



01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0257390**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ELLIS, SETH E ESQ  
 THERREL BAISDEN, ESQ  
 ONE S.E. THIRD AVE., STE. 2400  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City

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 Daytime Phone # **(305) 279-7446**