


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90040 006 ****50.00

DOCUMENT # L03000035412

1. Entity Name
EMED CHART/OBGYN, LLC



Principal Place of Business
**8950 N. KENDALL DR., STE. 403
 MIAMI, FL 33176**

Mailing Address
**8950 N. KENDALL DR., STE. 403
 MIAMI, FL 33176**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04052005 Chg-LLC CR2E083 (10/03)

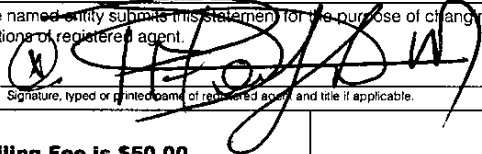
4. FEI Number **45-0525665** Applied For
APPLIED FOR Not Applicable

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

6. Name and Address of Current Registered Agent
**DELGADO, PABLO
 8950 N. KENDALL DR., STE. 403
 MIAMI, FL 33176**

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  DATE **4-19-05**

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**

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

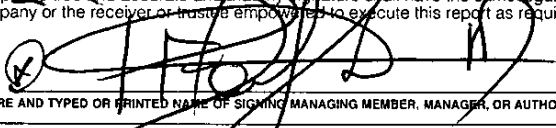
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, PABLO 8950 N. KENDALL DR., STE. 403 MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4-19-05** Daytime Phone # **(305) 596-3898**

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