

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-19-2004 90041 020 ****50.00

DOCUMENT # L03000040003

1. Entity Name

NORTH MEDICAL GROUP, LLC



Principal Place of Business

11130 NW 58 PLACE
HIALEAH FL 33012
US

Mailing Address

11130 NW 58 PLACE
HIALEAH FL 33012
US

24048781



MOORE CR2E083 (11/03)

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

200312730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, RAFAEL J
4143 SW 74 COURT
SUITE C
MIAMI FL 33155

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PEREZ, ALDO
STREET ADDRESS 8641 NW 191 STREET
CITY-ST-ZIP MIAMI GARDENS FL 33015

TITLE ☐ Change ☒ Addition
NAME KATIUSKA SEGURA
STREET ADDRESS 19780 CYPRESS CT.
CITY-ST-ZIP MIAMI, FL, 33015

TITLE MGRM ☐ Delete
NAME PULIDO, ARMANDO A
STREET ADDRESS 11130 NW 58 PLACE
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME MORENO, JUAN L
STREET ADDRESS 2301 SW 59 AVENUE, LOT 41
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

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

Date

Daytime Phone #

4/16/04 (305) 726-8454

Attachment
24028781
LU3000040003

To Whom It My Concern:

Managing Menbers :

Armando Pulido
11130 NW 58 PLace
Hialeah ,FL 33012

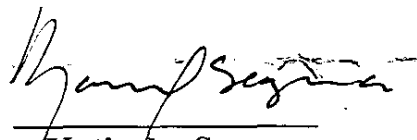
Aldo Perez
8641 NW 191 St
Miami Garden,FL 33015

Katiuska Segura
19780 Cypress CT
Miami,FL 33015

All Parties should be included as Members with the only address we are Providing.


Armando Pulido


Aldo Pérez


Katiuska Segura