

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90069 014 ****55.00

DOCUMENT # L03000041183 1. Entity Name SOUTH BEACH MEDICAL CENTER, LLC					
Principal Place of Business 7000 SW 62 AVE, STE 100 SOUTH MIAMI, FL 33143-4717			Mailing Address 7000 SW 62 AVE, STE 100 SOUTH MIAMI, FL 33143-4717		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LESTER, PAUL A 201 ALHAMBRA CIR, STE 601 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	MANAGER George M. Suarez	
CITY-ST-ZIP			CITY-ST-ZIP	7000 SW 62 AVE #100 SOUTH MIAMI FL 33143	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 608, Florida Statutes.					
SIGNATURE:			Date: 8/1/04. Daytime Phone #: 3057400994		

24006103



07132004 Chg-LLC CR2E083 (10/03)

4. FEI Number ☒ 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

LESTER, PAUL A
201 ALHAMBRA CIR, STE 601
CORAL GABLES, FL 33134

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

City _____ **FL** Zip Code _____

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Due by September 8, 2004

Make check payable to
Florida Department of State

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	MANAGER George M. Suarez
CITY-ST-ZIP	7000 SW 62 AVE #100 SOUTH MIAMI FL 33143
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
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SIGNATURE: Date: **8/1/04.** Daytime Phone #: **3057400994**



Attachment
24082105

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 2, 2004

SOUTH BEACH MEDICAL CENTER, LLC
7000 SW 62 AVE, STE 100
SOUTH MIAMI, FL 33143-4717

Subject: SOUTH BEACH MEDICAL CENTER, LLC

Reference Number: L03000041183

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

need
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ANNUAL REPORTS SECTION