

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-23-2004 90069 015 ****50.00

DOCUMENT # L03000041210 1. Entity Name SOUTH BEACH HOSPITAL, 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			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 _____		
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 _____ <small>Signature, typed or printed name of registered agent and Inc. if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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 STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
			MANAGER GEORGE M. SURACE 7000 SW 62 AVE #100 MIAMI FL 33143		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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:			8/1/04 305-7400994		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



A Hachment
24086104

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 2, 2004

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

Subject: SOUTH BEACH HOSPITAL, LLC

Reference Number: L03000041210

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.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

no \$
\$50.
FEI.

**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.

/RH
ANNUAL REPORTS SECTION