2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# L03000048580

Entity Name: AMED PLUS MAPET CENTERS, LLC

Current Principal Place of Business:

2655 LE JEUNE ROAD, SUITE 716
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 LE JEUNE ROAD, SUITE 716
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0509302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PEREZ, M. MARIO
2655 LE JEUNE ROAD, SUITE 716
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PEREZ, M. MARIO
Address: 2655 LE JEUNE ROAD, SUITE 716
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: PEREZ GARCIA, MARIO
Address: 2655 LE JEUNE ROAD, SUITE 716
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: PEREZ, MARCOS A
Address: 2655 LE JEUNE ROAD, SUITE 716
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARCOS A. PEREZ MGRM 01/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date