

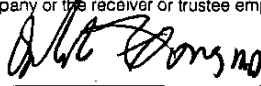


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90034 038 ****50.00

DOCUMENT # L03000049184					
1. Entity Name OSVALDO A. TORRES, M.D., LLC					
Principal Place of Business 4603 N. UNIVERSITY DR. LAUDERHILL, FL 33351 US			Mailing Address C/O MARK I. INGBER, C.P.A., P.A. 10100 WEST SAMPLE ROAD SUITE 326 CORAL SPRINGS, FL 33065-3973 US		
2. Principal Place of Business 7421 North University Drive Suite, Apt. #, etc. # 206		3. Mailing Address Suite, Apt. #, etc.			
City & State Tamarac, FL		City & State		4. FEI Number 58-2680540	
Zip 33321		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, OSVALDO A 701 NW 123RD DR CORAL SPRINGS, FL 33071			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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TORRES, OSVALDO A M.D. 4603 N. UNIVERSITY DR. LAUDERHILL, FL 33351			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
Osvaldo A. Torres Managing Member 4/24/06 954-510-0109					