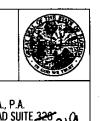
## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1 03000040184



FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90026 014 \*\*\*138.75

Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required	1. Entity Name OSVALDO A. TORRES, M.D., LLC								
Suite, Apl. #, etc.    Suite, Apl. #, etc.   Suite, Apl. #, etc.   O1082008   Chg-LLC   CR2E083 (12/06)	1 N LINIVERSITY DR C/O MARK I. INGBER. C.P.A., P.J			15 328 319			TK WYFEI SIWIÄ IÄI	TI 11881 TONI OLES	<b>11</b> 1 (m 1 <b>112</b> 1
City & State  Country  S. Certificate of Status Desired  \$5.00 Additional Fee Required  Fee Required  Fee Required  Fee Required  Name  TORRES, OSVALDO A  701 NW 123RD DR  CORAL SPRINGS, FL 33071  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 act the obligations of registered agent.  SiGNATURE:  Signature, typed of printed name of registered agent agent and title of applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOWIN: FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  Find Marke check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  TITLE  MMR  MANAGING MEMBERS/MANAGERS  TITLE  MMR  TORRES, OSVALDO A M.D.  STREET ADDRESS  CITY ST- ZP  TITLE  NAME  CHARGE  CHARGE  CHARGE  CITY ST- ZP  Change A	Principal Place of Business - No P.O. Box #     3. Mailing Address								
Sa-2680540   Not Application   Not Application   Sa-2680540   Not Application   Sa-2680540   Satus Desired   Satus D	ite, Apt. #, etc.				01082008	Chg-LLC	CR2E08	3 (12/06)	
6. Name and Address of Current Registered Agent  TORRES, OSVALDO A 701 NW 123RD BR CORAL SPRINGS, FL 33071  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. Lam familiar with, and act the obligations of registered agent.  Signature, typed of printed name of registered agent and the if applicable.  (NOTE: Registered Agent signature required when renotating)  DATE  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  TITLE  MGRM  ORRES, OSVALDO A M.D.  SIREET ADDRESS  CITY-ST-ZIP  TITLE  MARAC, FL 33321  Delete  TITLE  MME  STREET ADDRESS  CITY-ST-ZIP  MAKE  STREET ADDRESS  CITY-ST-ZIP  MAKE  STREET ADDRESS  CITY-ST-ZIP  MAKE  STREET ADDRESS  CITY-ST-ZIP  MAKE  STREET ADDRESS  CITY-ST-ZIP  Change  A  STREET ADDRESS  CITY-ST-ZIP  MAKE  STREET ADDRESS  CITY-ST-ZIP  ACTION CHANGES  CITY-ST-ZIP  Change  A  STREET ADDRESS  CITY-ST-ZIP  MAKE  STREET ADDRESS  CITY-ST-ZIP  MAKE  STREET ADDRESS  CITY-ST-ZIP  MAKE  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TORES, OSVALDO A M.D.  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TORES, OSVALDO A M.D.  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TORES, OSVALDO A M.D.  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  T	City & State City & State							_ <del> </del>	Applicable
Name    Street Address (P.O. Box Number is Not Acceptable)			Country	y 	5. Certificate of Status Desired Fee Required				
TORRES, OSVALDO A 701 NW 123RD DR CORAL SPRINGS, FL 33071    City   FL   Zip Code	6. Name and Address of Current Registered Agent								
City									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Signature, typed of printed name of registered agent and little if applicable.  (NOTE: Registered Agent algorithms required when reinstabling)  DATE  PILE NOWILY FEE IS \$138,75  After May 1, 2008 Fee will be \$538.75  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  NAME  TORRES, OSVALDO A M.D.  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Change A  Cha					-				
the obligations of registered agent.  SIGNATURE:  Signature, typed of printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOWILL FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  TITLE  NAME  TORRES, OSVALDO A M.D.  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHange A								l. '	
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM Delete NAME  STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		ent for the purpose of changing its	registered	d office or register	ed agent, or bo	oth, in the State of Fk	orida, I am fa	miliar with, a	and accept
FILE NOW!LY FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE NAME TORRES, OSVALDO A M.D. STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321  TITLE NAME TORRES, OSVALDO A M.D. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TORRES, OSVALDO A M.D. STREET ADDRESS CITY-ST-ZIP	ATURE Sometime typed or ovinted name of registers	anent and title if annicable (NOTE	F: Registered A	Agent signature required	when reinstation)		DATE		
TITLE NAME TORRES, O\$VALDO A M.D. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOW() FEE IS \$138.75		•				ce check pa	yable to	्ष. • • • • • • • • • • • • • • • • • • •
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		L :MBERS/MANAGERS	10.			ADDITIONS	/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TORRES, OSVALDO A M.D 7421 NORTH UNIVERSITY		name Street					☐ Change	☐ Addition
TITLE Delete TITLE Change A		☐ Delete	NAME STREET	1				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	T ADDRESS	Delete	name Street					Change	Addition
TITLE         Delete         TITLE         Change         A           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP <td></td> <td>☐ Delete</td> <td>NAME STREET</td> <td></td> <td></td> <td></td> <td></td> <td>☐ Change</td> <td>☐ Addition</td>		☐ Delete	NAME STREET					☐ Change	☐ Addition
TITLE         Delete         TITLE         Change         A           NAME         NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP	T ADDRESS	☐ Delete	name Street					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  11.   hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.   further certify that the information	T ADDRESS ST-ZIP		NAME STREET CITY-S	ST-ZIP	in Chapter 115	Davida Statutas 1	further codific		Addition

indicated on this report is true and accurate and that my signature shall have the same regardness as in made didentified that have the same regardness of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

954-510-0109