
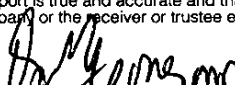


FILED
May 02, 2008 8:00 am
Secretary of State

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DOCUMENT # L03000049184				05-02-2008 90026 014 ***138.75	
1. Entity Name OSVALDO A. TORRES, M.D., LLC					
Principal Place of Business 7421 N UNIVERSITY DR #206 TAMARAC, FL 33321 US		Mailing Address C/O MARK I. INGBER, C.P.A., P.A. 10100 WEST SAMPLE ROAD SUITE 328 CORAL SPRINGS, FL 33065-3973 US 319			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 319			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number 58-2680540		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TORRES, OSVALDO A 701 NW 123RD DR CORAL SPRINGS, FL 33071			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 _____					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM TORRES, OSVALDO A M.D. 7421 NORTH UNIVERSITY DR #206 TAMARAC, FL 33321 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 M.D. Mgr 4/25/08 954-510-0109					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					