

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001929

FILED  
Feb 07, 2006  
Secretary of State

Entity Name: RAFAEL PELEGRIN MD MEDICAL GROUP, LLC

## Current Principal Place of Business:

330 SW 27TH AVE  
404  
MIAMI, FL 33126 US

## New Principal Place of Business:

10661 S.W. 88TH STREET  
113  
MIAMI, FL 33176 US

## Current Mailing Address:

330 SW 27TH AVE  
404  
MIAMI, FL 33126 US

## New Mailing Address:

10661 S.W. 88TH STREET  
113  
MIAMI, FL 33176 US

FEI Number: 20-0561504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAY PEREZ & ASSOCIATES, PA  
13935 NW 1ST AVE  
MIAMI, FL 33168 US

## Name and Address of New Registered Agent:

RAY PEREZ & ASSOCIATES, PA  
174 N.E. 96TH STREET  
MIAMI SHORES, FL 33138 US

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:

02/07/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RAFAEL PELEGRIN, MD., PA  
Address: 330 SW 27TH AVE #404  
City-St-Zip: MIAMI, FL 33168 US

Title: MGRM ( ) Delete  
Name: CAMPILLO,, LUIS M MD  
Address: 9731 NW 28TH TERRACE  
City-St-Zip: DORAL, FL 33172 US

Title: MGRM ( ) Delete  
Name: BAUTISTA, FRANCISCO MD  
Address: 330 SW 27TH AVE #404  
City-St-Zip: MIAMI, FL 33126 US

Title: MGRM ( ) Delete  
Name: DIAZ, JOSE A  
Address: 4200 SW 152ND AVE  
City-St-Zip: MIRAMAR, FL 33027 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RAFAEL PELEGRIN, MD., PA  
Address: 10661 N. KENDALL DRIVE, SUITE 113  
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM (X) Change ( ) Addition  
Name: CAMPILLO,, LUIS M MD  
Address: 10661 N. KENDALL DRIVE, SUITE 113  
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM (X) Change ( ) Addition  
Name: BAUTISTA, FRANCISCO MD  
Address: 10661 S. W. 88TH STREET, SUITE 113  
City-St-Zip: MIAMI, FL 33176 US

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: RAFAEL PELEGRIN

MGR

02/07/2006

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