

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (2R)



FILED
May 31, 2005 8:00 am
Secretary of State

03-29-2005 90118 001 ****50.00

30008260



1st MOORE CR2E083 (10/04)

DOCUMENT # L04000003985					
1. Entity Name P.A.C. MEDICAL CENTER, L.L.C.					
Principal Place of Business 489 HIALEAH DR, UNIT 5 HIALEAH FL 33010			Mailing Address 489 HIALEAH DR, UNIT 5 HIALEAH FL 33010		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 542139878	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent HERNANDEZ-POMBO, JUAN JULIO M.D. 489 HIALEAH DR, UNIT 5 HIALEAH FL 33010			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's signature required when re-registering) DATE _____					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ-POMBO, JUAN JULIO M.D. 8402 NW 147TH TERR MIAMI LAKES FL 33016 <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	
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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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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 3/23/05 Daytime Phone #: 305-565-0303		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					