2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# L04000006683

Entity Name: MANUEL IRIONDO M.D. L.L.C.

Current Principal Place of Business:

901 PONCE DE LEON BLVD. #501
CORAL GABLES, FL 33134

New Principal Place of Business:

375 HARBOR DRIVE
KEY BISCAYNE, FL 33149

Current Mailing Address:

901 PONCE DE LEON BLVD. #501
CORAL GABLES, FL 33134

New Mailing Address:

375 HARBOR DRIVE
KEY BISCAYNE, FL 33149

FEI Number: 20-0642603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRIONDO, ANDRES J
901 PONCE DE LEON BLVD. #501
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

IRIONDO, ANDRES J
375 HARBOR DRIVE
KEY BISCAYNE, FL 33149 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: _____ 04/10/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: IRIONDO, MANUEL
Address: 375 HARBOR DR
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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: MANUEL IRIONDO MGRM 04/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date