

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90039 034 ****55.00

DOCUMENT # L04000017992

1. Entity Name
THE HAND CLINIC LLC



Principal Place of Business
3773 MATHESON AVE. 3
COCONUT GROVE, FL 33103

Mailing Address
3773 MATHESON AVE. 3
COCONUT GROVE, FL 33103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08242005 Chg-LLC CR2E083 (10/03)

4. FEI Number

200850301

Applied For

Not Applicable

5. Certificate of Status Desired

2

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, EDUARDO G M.D.
3773 MATHESON AVE. 3
COCONUT GROVE, FL 33103

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGR
EDUARDO GONZALEZ-HERNANDEZ, M.D.
3773 MATHESON AVE
COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Eduardo Gonzalez-Hernandez **8/24/05**

ATTACHMENT
20061318

The Hand Clinic LLC
3773 Matheson Avenue
Coconut Grove, FL 33133

Certification Department
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

August 24, 2005

Dear Sirs:

Enclosed please find the annual report for my company, The Hand Clinic LLC, L04000017992, as well as a check for the required amount. I noticed that the zip code was wrong and have corrected it on the report form. The proper zip code is 33133. Also, I have a dual, hyphenated last name of Gonzalez-Hernandez. Currently, it is showing as middle initial G and last name Hernandez. I am requesting a copy of certification of status with the corrected information.

Thank you for your attention to this matter,



Eduardo Gonzalez-Hernandez M.D.