2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# L04000017992

Entity Name: THE HAND CLINIC LLC

Current Principal Place of Business:

3773 MATHESON AVE.
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3773 MATHESON AVE.
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 20-0850301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GONZALEZ-HERNANDEZ, EDUARDO M.D.
3773 MATHESON AVE.
COCONUT GROVE, FL 33133 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: EDUARDO GONZALEZ-HERNANDEZ 05/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GONZALEZ-HERNANDEZ, EDUARDO
Address: 3773 MATHESON AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GONZALEZ-HERNANDEZ, EDUARDO M.D.
Address: 3773 MATHESON AVE
City-St-Zip: MIAMI, FL 33133

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: EDUARDO GONZALEZ-HERNANDEZ MGR 05/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date