2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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2005 MAY -9 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000020816

1. Entity Name
SAMIMY JIMENEZ & SIMAN MD, LLC

Principal Place of Business	Mailing Address
3225 AVIAITON AVE., SUITE 500 MIAMI, FL 33133-4741 1	3225 AVIAITON AVE., SUITE 500 MIAMI, FL 33133-4741 1

04202005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7000 S.W. 62nd Ave	
Suite, Apt. #, etc.: Ste. 200 A	Suite, Apt. #, etc.:
City & State: Miami, FL	City & State:
Zip: 33143 / Country: USA.	Zip: / Country:

4. FEI Number: 54-2129332 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YELEN, MITCHELL 3225 AVIAITON AVE., SUITE 500 MIAMI, FL 33133-4741	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: President NAME: Robert Boyett, MD STREET ADDRESS: 8955. S.W. 87 Court # 214 CITY-ST-ZIP: Miami, FL 33176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Mitchell A. Yelen 04/25/05 305-858-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Mitchell A Yelen