

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049 001 \*3,150.00

FILED L04000020843

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # L04000020843</b> 1. Entity Name <b>OSCAR MORALES &amp; JAMES ESSERMAN MD, LLC</b>					
Principal Place of Business <b>3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741</b>			Mailing Address <b>3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741</b>		
2. Principal Place of Business <b>7847 N. Kendall Dr</b> Suite, Apt. #, etc. <b>2nd Floor</b> City & State <b>Miami, FL</b> Zip <b>33150</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <b>U.S.A.</b>		4. FEI Number <b>54-2129332</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04202005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 signature required when remediating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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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: <u>Mitchell A. Yelen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>04/25/05 305-858-5500</u> <small>Date Daytime Phone #</small>		

Mitchell A. Yelen