

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026347

FILED  
Jun 30, 2009  
Secretary of State

Entity Name: LOPEZ MEDICAL PRACTICE, LLC.

## Current Principal Place of Business:

351 NW 42 AVENUE  
403  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 65-1555  
MIAMI, FL 33265

## New Mailing Address:

351 NW 42 AVENUE  
403  
MIAMI, FL 33126

FEI Number: 20-0967752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

LOPEZ, OLGA E  
351 NW 42 AVE  
403  
MIAMI, FL, FL 33126 US

## Name and Address of New Registered Agent:

LOPEZ, OLGA E  
351 NW 42 AVENUE  
403  
MIAMI, FL 33126 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: OLGA E. LOPEZ

06/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LOPEZ, OLGA E  
Address: P.O. BOX 65-1555  
City-St-Zip: MIAMI, FL 33265

## 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 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: OLGA E. LOPEZ

P

06/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date