2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026687

City-St-Zip:

DELRAY BEACH, FL 33445

Entity Name: REBELLO MEDICAL ASSOCIATES M.D., P.L.

FILED Sep 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13590 SOUTH JOG ROAD #C3 DELRAY BEACH, FL 33445 **Current Mailing Address: New Mailing Address:** 13590 SOUTH JOG ROAD #C3 DELRAY BEACH, FL 33445 FEI Number: 27-0082671 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: Name and Address of New Registered Agent: CORPORATE CREATIONS NETWORK INC. 11380 PROPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete REBELLO, VERNON Name: Name: Address: 13590 SOUTH JOG ROAD #C3 Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: REBELLO, BRIAN Name: Address: 13590 SOUTH JOG ROAD #C3 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: BRIAN REBELLO MGR 09/05/2005