


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90163 021 \*\*\*\*50.00

<b>DOCUMENT # L04000045515</b> 1. Entity Name <b>MEDICAL INVESTMENTS OF MIAMI, LLC</b>			
Principal Place of Business <b>9625 ROWLETT LANE</b> <b>NORTH LITTLE ROCK, AR 72118</b>		Mailing Address <b>P.O. BOX 13267</b> <b>MAURNELLE, AR 72113</b>	
2. Principal Place of Business <b>9625 ROWLETT LANE</b>		3. Mailing Address <b>P.O. Box 13267</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NORTH LITTLE ROCK, AR</b>		City & State <b>MAUMELLE, AR</b>	
Zip <b>72113</b>		Zip <b>72113</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-1420786</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</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 reinstating) DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>THOMASON, RODNEY</b> <b>9625 ROWLETT LANE</b> <b>NORTH LITTLE ROCK, AR 72118</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: <u>Rodney Thomason</u> RODNEY THOMASON</b>		<b>2/8/05</b> <b>501-791-0198</b> Date Daytime Phone #	