

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052256

FILED
Apr 29, 2005
Secretary of State

Entity Name: CENTROMEDICOLATINOAMERICANO OF PEMBROKE PINES, LLC

Current Principal Place of Business:

12201 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

12201 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 41-2143973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT G SOMERSTEIN, CPA PA
2350 SW 18TH AVENUE
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: PASTRANA, RAQUEL
Address: 12201 PEMBROKE ROAD
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: PASTRANA, MARIA A
Address: 12201 PEMBROKE ROAD
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: HENAO, CLAUDIA M
Address: 12201 PEMBROKE ROAD
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: MARTINEZ, RICARDO A
Address: 12201 PEMBROKE ROAD
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: AARON, JAY E
Address: 12201 PEMBROKE ROAD
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BEDOYA, RUBEN
Address: 12201 PEMBROKE ROAD
City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANDRES PASTRANA

MGMR

04/29/2005

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