

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068046

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: MIAMI HAND CENTER, PL

## Current Principal Place of Business:

8905 SW 87TH AVENUE, SUITE 220  
MIAMI, FL 33176

## New Principal Place of Business:

8905 SW 87TH AVENUE, SUITE 100  
MIAMI, FL 33176

## Current Mailing Address:

8905 SW 87TH AVENUE, SUITE 220  
MIAMI, FL 33176

## New Mailing Address:

8905 SW 87TH AVENUE, SUITE 100  
MIAMI, FL 33176

FEI Number: 20-1643415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHASE, ALAN R ESQ  
9400 S. DADELAND BOULEVARD, SUITE 600  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

CHASE, ALAN R ESQ  
9400 S. DADELAND BOULEVARD  
SUITE 600  
MIAMI, FL 33156 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:

01/18/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: ORBAY, JORGE L MD  
Address: 8905 SW 87TH AVENUE, SUITE 100  
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Change (X) Addition  
Name: BADIA, ALEJANDRO MD  
Address: 8950 SW 87TH AVENUE, SUITE 100  
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Change (X) Addition  
Name: KHOURI, ROBERT K MD  
Address: 8905 SW 87TH AVENUE, SUITE 100  
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Change (X) Addition  
Name: GONZALEZ-HERNANDEZ, EDUARDO MD  
Address: 8905 SW 87TH AVENUE, SUITE 100  
City-St-Zip: MIAMI, FL 33176

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: JORGE L ORBAY, M.D.

MGR

01/18/2005

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