


FILED  
Mar 24, 2006 8:00 am  
Secretary of State

3/1

03-14-2006 90199 047 \*\*\*150.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000068046</b>			
1. Entity Name MIAMI HAND CENTER, PL			
Principal Place of Business 8905 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176		Mailing Address 8905 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CHASE, ALAN R ESQ 9400 S. DADELAND BOULEVARD SUITE 600 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Paulner</i> ORBAY, JORGE L MD 8905 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176 <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	MGR <i>Paulner</i> BADIA, ALEJANDRO MD 8950 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176 <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	MGR <i>Paulner</i> KHOURI, ROBERT K MD 8905 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Khoury, Roger K. M.D.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Paulner</i> GONZALEZ-HERNANDEZ, EDUARDO MD 8905 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Paulner</i> <i>Stephen Alex. H.P.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>8905 SW 87th Ave</i> <i>Miami FL 33176</i>
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 exemptions contained in Chapter 119, 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.			
SIGNATURE: <i>Maria Lemola-Gil</i>		Date _____ Daytime Phone # _____	

30003298



02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-1643415 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required



ATTACHMENT

30003298

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

MIAMI HAND CENTER, PL  
8905 SW 87TH AVENUE, SUITE 100  
MIAMI, FL 33176

Subject: MIAMI HAND CENTER, PL

Reference Number: L04000068046

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

- ✓ Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM

ANNUAL REPORTS SECTION