

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000068046

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



03052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1643415

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ORBAY, JORGE L MD 8905 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BADIA, ALEJANDRO MD 8950 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KHOURI, ROGER K MD 8905 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GONZALEZ-HERNANDEZ, EDUARDO MD 8905 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEPHEN, ALEX MD 8705 SW 87TH AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/21/07-80036-016 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Business Phone # _____