# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**Aug 22, 2007**
**Secretary of State**

DOCUMENT# L04000068046

**Entity Name:** MIAMI HAND CENTER, PL

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

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/MANAGERS:**

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

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

Title: P ( ) Delete
Name: KHOURI, ROGER K MD
Address: 8905 SW 87TH AVENUE, SUITE 100
City-St-Zip: MIAMI, FL 33176

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

Title: P ( ) Delete
Name: STEPHEN, ALEX MD
Address: 8705 SW 87TH AVE
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 ORBAY, M.D. MGR. 08/22/2007

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