


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 09, 2008 8:00 am
Secretary of State

04-29-2008 90031 039 ***135.75
06-09-2008 90227 002 *****3.00

DOCUMENT # L04000068046 1. Entity Name MIAMI HAND CENTER, PL	
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Principal Place of Business 8905 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176	Mailing Address 8905 SW 87TH AVENUE, SUITE 100 MIAMI, FL 33176
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50006990



DO NOT WRITE IN THIS SPACE

04022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1643415	Applied For Not Applicable
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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

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 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	P 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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IN THIS SPACE**

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

Date _____ Daytime Phone # _____