

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068046

Entity Name: MIAMI HAND CENTER, PL

FILED  
Mar 04, 2009  
Secretary of State

## 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:

ROSEN, MICHAEL A ESQ  
355 ALHAMBRA CIRCLE SUITE 801  
CORAL GABLES, FL 33134 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: MGR ( ) 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: P ( ) 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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.

PRES

03/04/2009

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