2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# L05000000907

Entity Name: MIAMI ENDOCENTER LLC

Current Principal Place of Business:

7500 S.W. 87TH AVE., SUITE 101
MIAMI, FL 33173

New Principal Place of Business:

13133 PROFESSIONAL DRIVE
200
JACKSONVILLE, FL 32225

Current Mailing Address:

7500 S.W. 87TH AVE., SUITE 101
MIAMI, FL 33173

New Mailing Address:

13133 PROFESSIONAL DRIVE
200
JACKSONVILLE, FL 32225

FEI Number: 20-2094155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEAVITT, JAMES M.D.
7500 S.W. 87TH AVE., SUITE 101
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

VOSE, GRETCHEN
327 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712 US

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: WILLIAM CHVALA 05/03/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: CHVALA, WILLIAM J
Address: 13133 PROFESSIONAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM CHVALA MGRM 05/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date