04-28-2005 90049 001 *3,150.00
L05000001428

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -9 AM 11:17

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000001428

1. Entity Name
OSCAR MORALES, JAMES ESSERMAN & RAFAEL PEREZ MD, LLC

Principal Place of Business	Mailing Address
ATTN: MITCHELL A. YELEN 3225 AVIATION AVE., STE 500 MIAMI, FL 33133-4741	ATTN: MITCHELL A. YELEN 3225 AVIATION AVE., STE 500 MIAMI, FL 33133-4741

2. Principal Place of Business	3. Mailing Address
7867 N. Kendall Dr	
Suite, Apt. #, etc.: 2nd Floor	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33156 / Country: U.S.A.	Zip / Country

04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 54-2129332 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741	Name Street Address (P.O. Box Number is Not Acceptable) City: FL — Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Bovettimd 8955 SW. 87 Court #214 Miami, FL 33176 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mitchell A. Yelen 04/25/05 305-858-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Mitchell A Yelen