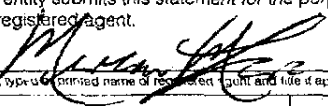
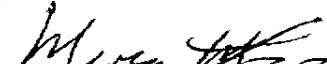


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000001949 1. Entity Name ALL M. D. MEDICAL CENTER L.L.C.					
Principal Place of Business 2100 WEST 68 STREET HIALEAH FL 33016 US			Mailing Address 2100 WEST 68 STREET HIALEAH FL 33016 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LARA, MIRIAM M DR. 2295 S.W. 64 AVE. MIAMI FL 33155				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				1st MOORE CR2E083 (10/05)	
SIGNATURE 				DATE 1/24/06	
(NOTE: Registered Agent signature required when submitting)				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARA, MIRIAM M DR. 2295 S.W 64 AVE. MIAMI FL 33155	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARA, MIRIAM M DR. 2295 S.W 64 AVE. MIAMI FL 33155	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARA, MIRIAM M DR. 2295 S.W 64 AVE. MIAMI FL 33155	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARA, MIRIAM M DR. 2295 S.W 64 AVE. MIAMI FL 33155	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARA, MIRIAM M DR. 2295 S.W 64 AVE. MIAMI FL 33155	☐ Delete		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARA, MIRIAM M DR. 2295 S.W 64 AVE. MIAMI FL 33155	☐ Delete		☐ Change ☐ Add	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **1/24/06**