2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# L05000001949

Entity Name: ALL M. D. MEDICAL CENTER L.L.C.

Current Principal Place of Business:

2100 WEST 68 STREET
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

2100 WEST 68 STREET
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 03-0552630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARA, MIRIAM M DR.
2295 S.W. 64 AVE.
MIAMI, FL 33155 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: LARA, MIRIAM M DR.
Address: 2295 S.W 64 AVE.
City-St-Zip: MIAMI, FL 33155 US

Title: MGR ( ) Delete
Name: LARA, MARLON K
Address: 9101 SW 12TH ST
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES:

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: MIRIAM M. LARA MGR 03/05/2009

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