

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002130

FILED
Mar 20, 2009
Secretary of State

Entity Name: SOUTH FLORIDA INFECTIOUS DISEASE AND TROPICAL MEDICINE CENTER, LLC

Current Principal Place of Business:

S FL INFECTIOUS DISEASE & TROP MED CTR
8700 N. KENDALL DRIVE, STE. 100
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

S FL INFECTIOUS DISEASE & TROP MED CTR
8700 N. KENDALL DRIVE, STE. 100
MIAMI, FL 33176

New Mailing Address:

FEI Number: 20-2364772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ MORALES, JUAN C MD
8700 N KENDALL DRIVE
SUITE 100
MIAMI, FL 33176 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: PRES () Delete
Name: PEREZ-MORALES, JUAN C MD
Address: 8700 N KENDALL DR STE 100
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: MURILLO, JORGE MD
Address: 8700 N KENDALL DR STE100
City-St-Zip: MIAMI, FL 33176

Title: TRE () Delete
Name: MEJIA, JORGE MD
Address: 8700 N KENDALL DR STE 100
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:

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: LAURA ANDERSON

OM

03/20/2009

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