2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 30, 2008
Secretary of State

DOCUMENT# L05000011929

Entity Name: MEDICAL MANAGEMENT COMPANY OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

18503 PINES BOULEVARD
PEMBROKE PINES, FL 33029

New Principal Place of Business:

18503 PINES BOULEVARD
SUITE 303
PEMBROKE PINES, FL 33029

Current Mailing Address:

13803 N.W. 11TH COURT
PEMBROKE PINES, FL 33028

New Mailing Address:

18503 PINES BOULEVARD
SUITE 303
PEMBROKE PINES, FL 33029

FEI Number: 20-2334799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROZENCWAIG & FERRERO-CARR
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

ROZENCWAIG, NADEL & FERRERO-CARR, LLP
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 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: LESLIE ALAN ROZENCWAIG, ESQ. 05/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VALERO, OLGA L
Address: 13803 N.W. 11TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VALERO, OLGA L
Address: 18503 PINES BOULEVARD, SUITE 303
City-St-Zip: PEMBROKE PINES, FL 33029

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: OLGA L. VALERO MGR 05/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date