# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 12, 2006**
**Secretary of State**

DOCUMENT# L05000019783

**Entity Name:** ZOHAR MEDICAL CENTER LLC

**Current Principal Place of Business:**

16600 N.E. 8TH AVE.
MIAMI, FL 33162

**New Principal Place of Business:**

16600 N.E. 8TH AVE.
SOUTH SUITE
MIAMI, FL 33162

**Current Mailing Address:**

16600 N.E. 8TH AVE.
MIAMI, FL 33162

**New Mailing Address:**

16600 N.E. 8TH AVE.
SOUTH SUITE
MIAMI, FL 33162

**FEI Number: 20-2401436** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOLFSON, JONATHAN
1137 71ST STREET
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

WOOLFSON, JONATHAN
16600 NE 8TH AVENUE
SOUTH SUITE
MIAMI, FL 33162 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: JONATHAN WOOLFSON 02/12/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: WOOLFSON, JONATHAN
Address: 16600 N.E. 8TH AVE.
City-St-Zip: MIAMI, FL 33162

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN WOOLFSON MGR 02/12/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date