

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029540

FILED
Feb 06, 2006
Secretary of State

Entity Name: FAMILY MEDICAL CENTRE HIALEAH, LLC

Current Principal Place of Business:

17933 N.W. 7TH STREET
SUITE #102
PEMBROKE PINES, FL 33029

New Principal Place of Business:

3410 WEST 84TH STREET, SUITE F110
HIALEAH, FL 33018

Current Mailing Address:

17933 N.W. 7TH STREET
SUITE #102
PEMBROKE PINES, FL 33029

New Mailing Address:

3410 WEST 84TH STREET, SUITE F110
HIALEAH, FL 33018

FEI Number: 20-2555454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUART M. SLUTSKY, P.A.
2500 WESTON ROAD
SUITE 404
WESTON, FL 33331 US

Name and Address of New Registered Agent:

CASE, WAYNE H
3410 WEST 84TH STREET, SUITE F110
HIALEAH, FL 33018 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: WAYNE H. CASE

02/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASE, WAYNE
Address: 17933 N.W. 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CASE, WAYNE
Address: 3410 WEST 84TH STREET
City-St-Zip: HIALEAH, FL 33018

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: WAYNE H. CASE

MGR

02/06/2006

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