2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2007
Secretary of State

DOCUMENT# L05000062685

Entity Name: HOME MD ASSOCIATES, LLC

Current Principal Place of Business:

318 INDIAN TRACE
SUITE 609
WESTON, FL 33326

New Principal Place of Business:

5944 CORAL RIDGE DRIVE
SUITE 241
CORAL SPRINGS, FL 33076

Current Mailing Address:

318 INDIAN TRACE
SUITE 609
WESTON, FL 33326

New Mailing Address:

5944 CORAL RIDGE DRIVE
SUITE 241
CORAL SPRINGS, FL 33076

FEI Number: 20-3049783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MANDEL, DAN
2101 CORPORATE BLVD
SUITE 300
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

WATINE, ROBERT
5944 CORAL RIDGE DRIVE
SUITE 241
CORAL SPRINGS, FL 33076 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: ROBERT WATINE 08/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WATINE, ROBERT MD
Address: 318 INDIAN TRACE, SUITE 609
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WATINE, ROBERT MD
Address: 5944 CORAL RIDGE DRIVE, SUITE 241
City-St-Zip: CORAL SPRINGS, FL 33076 US

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: ROBERT WATINE MGRM 08/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date