2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000063719

Entity Name: HEALTHCARE CENTERS OF EXCELLENCE LLC

Current Principal Place of Business:

2000 PONCE DE LEON BLVD
SUITE 102
CORAL GABLES, FL 33134

New Principal Place of Business:

306 ALCAZAR AVENUE
SUITE 210
CORAL GABLES, FL 33134

Current Mailing Address:

2000 PONCE DE LEON BLVD
SUITE 102
CORAL GABLES, FL 33134

New Mailing Address:

306 ALCAZAR AVENUE
SUITE 210
CORAL GABLES, FL 33134

FEI Number: **FEI Number Applied For (X)** **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:

SARDINAS, BENJAMIN A
2000 PONCE DE LEON BLVD
SUITE 102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SARDINAS, BENJAMIN A
306 ALCAZAR AVENUE
SUITE 210
CORAL GABLES, FL 33134 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: BENJAMIN A SARDINAS 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SARDINAS, BENJAMIN A
Address: 306 ALCAZAR AVENUE - SUITE 210
City-St-Zip: CORAL GABLES, FL 33134

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: BENJAMIN A SARDINAS MGR 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date