

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067492

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: CORAL PALM MEDICAL CENTER, LLC

## Current Principal Place of Business:

7801 SW 24 STREET  
102  
MIAMI, FL 33155 US

## New Principal Place of Business:

## Current Mailing Address:

7801 SW 24 STREET  
102  
MIAMI, FL 33155 US

## New Mailing Address:

FEI Number: 87-0749884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEL VALLE, ALBERTO  
7801 SW 24 STREET  
102  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

ESPINA, PILAR  
7801 SW 24 STREET  
102  
MIAMI, FL 33155 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: PILAR ESPINA

04/20/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete  
Name: RODRIGUEZ, ELOY  
Address: 7801 SW 24 STREET SUITE 102  
City-St-Zip: MIAMI, FL 33155 US

Title: MGR ( ) Delete  
Name: ESPINA, PILAR  
Address: 7801 SW 24 STREET SUITE 102  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: ESPINA, PILAR  
Address: 7801 SW 24TH STREET SUITE 102  
City-St-Zip: MIAMI, FL 33155

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: PILAR C. ESPINA

MGR

04/20/2006

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