

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067492

**FILED**  
**Mar 05, 2008**  
**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:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**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 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

MGM

03/05/2008

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