

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# L05000067492

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 ( )  
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:**

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 ESPINA

MGR

05/01/2009

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