

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90040 042 ****55.00

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1. Entity Name
 ASMD PROPERTIES, LLC

Principal Place of Business: 260 SW 84TH AVENUE, SUITE C PLANTATION, FL 33324-2715
 Mailing Address: 260 SW 84TH AVENUE, SUITE C PLANTATION, FL 33324-2715

20013909



2. Principal Place of Business: 4850 W. Oakland Pk. Blvd. Suite C
 3. Mailing Address: 4850 W. Oakland Pk. Blvd. Suite C

01102006 Chg-LLC CR2E083 (11/05)

City & State: Lauderdale Lakes, FL

4. FEI Number: 13-4309435
 Applied For: Not Applicable

Zip: 33313 Country: Broward

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MELO, JOSE B
 260 SW 84TH AVENUE, SUITE C
 PLANTATION, FL 33324-2715

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: Jose Melo, MD DATE: 3/3/06

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: HOLSTEIN, GERALD K STREET ADDRESS: 8320 WEST SUNRISE BLVD., SUITE 203 CITY-ST-ZIP: PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete
TITLE: MGRM NAME: MELO, JOSE B STREET ADDRESS: 260 SW 84TH AVENUE, SUITE C CITY-ST-ZIP: PLANTATION, FL 333242715	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: MGR NAME: Steven M. Abrams, MD STREET ADDRESS: 4850 W. Oakland Pk. Blvd. #C CITY-ST-ZIP: Lauderdale Lakes, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: MGR NAME: David K. Dennis, MD STREET ADDRESS: 260 SW 84th Avenue, Ste C CITY-ST-ZIP: Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Steven M. Abrams, MD DATE: 2/28/06 DAYTIME PHONE #: (954) 731-0000