

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000081633

1. Entity Name
MIAMI BEACH MEDICAL GROUP, LLC



Principal Place of Business
4110 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

Mailing Address
4110 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132006 Chg-LLC CR2E083 (11/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE PROCESS SERVICES, INC.
2300 CORAL WAY SUITE 201
MIAMI, FL 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME RODOLFO DUMENIGO MD PA
STREET ADDRESS 4110 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL GABLES, FL 33146

☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

RODOLFO DUMENIGO MD 2/17/06 305-856-0056

FILED
06 MAR 28 PM 12:45

STATE
TALLAHASSEE, FLORIDA

