
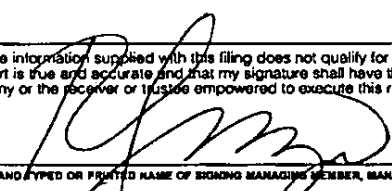


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
May 22, 2008 8:00 am
Secretary of State

05-01-2008 90016 020 ***143.75

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Filing Number 20-3411855 APPROVED FOR	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODOLFO DUMENIGO MD PA 4110 UNIVERSITY DRIVE CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			4-21-09 305-856-0056		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		
RODOLFO DUMENIGO MD PA					

30007336



03192008 Chg-LLC CR2E083 (12/06)

20-3411855

APPROVED FOR

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Applied For ☐ Not Applicable

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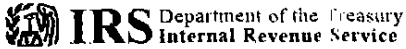
SIGNATURE: 

4-21-09 305-856-0056

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

Date Daytime Phone #

RODOLFO DUMENIGO MD PA



Department of the Treasury
Internal Revenue Service

ATTACHMENT

30007336

OGDEN UT 84201-0038

#L 000081633

In reply refer to: 0457452077

Jan. 24, 2006 LTR 147C 0

20-3411855 000000 00 000

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BODC: NOBOD

MIAMI BEACH MEDICAL GROUP LLC
DUMENIGO RODOLFO MBR
4110 UNIVERSITY DR
CORAL GABLES FL 33146-1139108



017561

Employer Identification Number: 20-3411855
00

Dear Taxpayer:

We received your request of Jan. 12, 2006, asking us to verify your Employer Identification Number (EIN) and name.

Your Employer Identification Number (EIN) is 20-3411855. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____