


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**

30007336



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

03192008 Chg-LLC CR2E083 (12/06)
 20-3411855

4. Fil Number
20-3411855

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

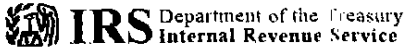
Make check payable to
Florida Department of State

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:  **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



ATTACHMENT

30007336

#L 000081633

OGDEN UT 84201-0038

In reply refer to: 0457452077

Jan. 24, 2006 LTR 147C 0

20-3411855 000000 00 000

01547

BODC: NOBOD

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



017561

Employer Identification Number: 20-3411855
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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 _____