

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081633

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** MIAMI BEACH MEDICAL GROUP, LLC

**Current Principal Place of Business:**

4110 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

1200 ALTON RD  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

4110 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

1200 ALTON RD  
MIAMI BEACH, FL 33139 US

FEI Number: 20-3411855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CORPORATE PROCESS SERVICES, INC.  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

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:

02/11/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RODOLFO DUMENIGO MD PA  
Address: 1200 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby 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: RODOLFO DUMENIGO

MGRM

02/11/2010

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