


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000086192 1. Entity Name APPLE MEDICAL CENTER, LLC	
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Principal Place of Business 20800 BISCAYNE BLVD AVENTURA, FL 33180	Mailing Address 20800 BISCAYNE BLVD AVENTURA, FL 33180
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02122007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3758124	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BARNET, LIONEL ESQ 9100 SOUTH DADELAND BOULEVARD STE 404 MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

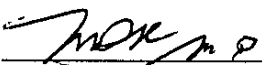
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000638006
02/27/07-80013-013 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSE, MICHAEL MD 20800 BISCAYNE BOULEVARD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEHRMAN, DAVID MD 20800 BISCAYNE BLVD AVENTURA, FL 33180
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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:  MICHAEL I. ROSE, M.D.	2/13/07	(305) 935-3333
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date Daytime Phone #</small>		