

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Mar 15, 2007  
Secretary of State**

DOCUMENT# L05000097596

Entity Name: POMPANO MEDICAL & PROFESSIONAL ENTER LLC

**Current Principal Place of Business:**

1001 BRICKELL BAY DRIVE, SUITE 3104  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1001 BRICKELL BAY DRIVE, SUITE 3104  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 20-3568262      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RODRIGUEZ HUMBERTO L ESQ.  
999 PONCE DE LEON BLVD  
PENTHOUSE 1135  
CORAL GLABLES, FL 33134 US

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

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:

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      (X) Delete  
Name: DE CASTRO, ALVARO  
Address: 1001 BRICKELL BAY DRIVE, SUITE 3104  
City-St-Zip: MIAMI, FL 33131

Title: MGR      ( ) Delete  
Name: BENLOLO, LEO  
Address: 1001 BRICKELL BAY DRIVE, SUITE 3104  
City-St-Zip: MIAMI, FL 33131

Title: MGR      ( ) Delete  
Name: MARTI, RAFAEL  
Address: 1001 BRICKELL BAY DRIVE, SUITE 3104  
City-St-Zip: MIAMI, FL 33131

Title: MGR      ( ) Delete  
Name: BELTRAN, NAEMAR  
Address: 1001 BRICKELL BAY DRIVE, SUITE 3104  
City-St-Zip: MIAMI, FL 33131

Title: MGR      ( ) Delete  
Name: DE GREGORIO, ROXANNA  
Address: 1001 BRICKELL BAY DRIVE, SUITE 3104  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      (X) Change ( ) Addition  
Name: MARTIN, RAFAEL  
Address: 1001 BRICKELL BAY DRIVE, SUITE 3104  
City-St-Zip: MIAMI, FL 33131

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: NAEMAR BELTRAN

MGR

03/15/2007

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