


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

07 JUL -6 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000097596		
1. Entity Name POMPAÑO MEDICAL & PROFESSIONAL ENTER LLC LLC		
<i>Pompano Medical & Professional Center</i>		
Principal Place of Business 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131	Mailing Address 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131	

2. Principal Place of Business - No P.O. Box # <i>999 Brickell Ave</i>	3. Mailing Address <i>999 Brickell Ave</i>
Suite, Apt. #, etc. <i>Suite 1002</i>	Suite, Apt. #, etc. <i>Suite 1002</i>
City & State <i>Miami FL</i>	City & State <i>Miami FL</i>
Zip <i>33131</i>	Country <i>USA</i>



06072007	Chg-LLC	CR2E083 (12/06)	<i>YSL</i>
4. FEI Number 20-3568262		Applied For <input type="checkbox"/> Not Applicable	

6. Name and Address of Current Registered Agent RODRIGUEZ HUMBERTO L ESQ. 999 PONCE DE LEON BLVD PENTHOUSE 1135 CORAL GLABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 _____

Amended AR is \$50.00	Make check payable to Florida Department of State
-----------------------	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENLOLO, LEO 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Benlolo, Leo 999 Brickell Ave Ste 1002 Miami FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN, RAFAEL 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Perez, Alexander Nicolas 999 Brickell Ave Ste 1002 Miami FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DE CASTRO, ALVARO 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR De Castro Alvaro 999 Brickell Ave Ste 1002 Miami FL 33131 <input checked="" 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	200105871192 07/10/07--01042--009 **50.00 <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

12. 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: *Alvaro De Castro* 6/7/07 305 381 8121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #