

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098188

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: BISCAYNE MEDICAL PROPERTIES, LLC

## Current Principal Place of Business:

696 NE 125 STREET  
NO. MIAMI, FL 33161 US

## New Principal Place of Business:

696 NE 125 STREET  
NORTH MIAMI, FL 33161 US

## Current Mailing Address:

696 NE 125 STREET  
NO. MIAMI, FL 33161 US

## New Mailing Address:

696 NE 125 STREET  
NORTH MIAMI, FL 33161 US

FEI Number: 20-3584279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERT A. BRANDT, P.A.  
696 NE 125 STREET  
NO. MIAMI, FL 33161 US

## Name and Address of New Registered Agent:

KRAUSE, ARNIE CFO  
696 NE 125 STREET  
NORTH MIAMI, FL 33161 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: ARNIE KRAUSE

02/26/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: IZHAK, YORAM  
Address: 696 NE 125 STREET  
City-St-Zip: NO. MIAMI, FL 33161 US

Title: MGR ( ) Delete  
Name: ALEXANDER, SHLOMI  
Address: 696 NE 125 ST  
City-St-Zip: NORTH MIAMI, FL 33161 US

## ADDITIONS/CHANGES:

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 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: YORAM IZHAK

MGR

02/26/2009

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