

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000101947

FILED
Mar 15, 2007
Secretary of State**Entity Name:** BAL HARBOUR MEDICAL, 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:** 20-3639046**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 GABLES, 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:** MGRM (X) Delete
Name: DE CASTRO, ALVARO
Address: 1001 BRICKELL BAY DRIVE, SUITE 3104
City-St-Zip: MIAMI, FL 33131**Title:** MGRM () Delete
Name: MARTIN-GUEDEZ, RAFAEL
Address: 1001 BRICKELL BAY DRIVE, SUITE 3104
City-St-Zip: MIAMI, FL 33131**Title:** MGRM () Delete
Name: BELTRAN, NAEMAR
Address: 1001 BRICKELL BAY DRIVE, SUITE 3104
City-St-Zip: MIAMI, FL 33131**Title:** MGRM () 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:** () 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

MGRM

03/15/2007

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