

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000101947	
1. Entity Name BAL HARBOUR MEDICAL, LLC	



FILED

07 JUL -6 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1001 BRICKELL BAY DRIVE SUITE 3104 MIAMI, FL 33131	Mailing Address 1001 BRICKELL BAY DRIVE SUITE 3104 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 999 Brickell Ave Suite, Apt. #, etc. Suite 1002 City & State Miami FL Zip 33131 Country USA	3. Mailing Address 999 Brickell Ave Suite, Apt. #, etc. Suite 1002 City & State Miami FL Zip 33131 Country USA
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06072007 Chg-LLC CR2E083 (12/06) *TSR*

4. FEI Number 20-3639046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, HUMBERTO L ESQ. 999 PONCE DE LEON BLVD. PENTHOUSE 1135 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	MGRM DE CASTRO, ALVARO <input type="checkbox"/> Delete 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition De Castro, Alvaro 999 Brickell Ave Ste 1002 miami FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Delete MARTIN, RAFAEL 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Perez, Alexander Nicolas 999 Brickell Ave ste 1002 miami FL 33131
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 400105871334 07/10/07--01042--011 **50.00
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
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

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: *Alvaro de Castro* 6/7/07 3053818121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #