2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

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Entity Name: ASF MANAGEMENT OF SOUTH FLORIDA, L.L.C.

Current Principal Place of Business:

4470 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4470 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-4771368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COEL, MARK A ESQ.
COEL & WARREN, P.L.
1900 GLADES ROAD SUITE 350
BOCA RATON, FL 33431 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: CASCHETTE, JAMES H D.O.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR ( ) Change (X) Addition
Name: MORSE, DANIEL M.D
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR ( ) Change (X) Addition
Name: SCHONFELD, WAYNE B M.D.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR ( ) Change (X) Addition
Name: SIUDMAK, ROBERT M.D.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR ( ) Change (X) Addition
Name: SNOW, JEFFREY M.D.
Address: 4470 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

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: WAYNE SCHONFELD, M.D. MGR 07/17/2006

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