

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121372

FILED
Jul 04, 2009
Secretary of State

Entity Name: MIAMI BEACH HAND AND UPPER EXTREMITY CONSULTANTS, LLC

Current Principal Place of Business:

2111 REGATTA AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2111 REGATTA AVENUE
MIAMI BEACH, FL 33140

New Mailing Address:

PO BOX 402866
MIAMI BEACH, FL 33140

FEI Number: 20-5371826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

KADIYALA, KUMAR M.D.
2111 REGATTA AVENUE
MIAMI BEACH, FL 33140 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: MGR () Delete
Name: KADIYALA, KUMAR M.D.
Address: 2111 REGATTA AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR () Delete
Name: SMITH, STACY M.D.
Address: 2111 REGATTA AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

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: R KUMAR KADIYALA

MGRM

07/04/2009

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