

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122454

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** BENTLEY DRIVE MEDICAL CENTER, LLC.

**Current Principal Place of Business:**

745 SW 118 COURT  
MIAMI, FL 33183

**New Principal Place of Business:**

13170 SW 128 STREET  
#206  
MIAMI, FL 33186

**Current Mailing Address:**

745 SW 118 COURT  
MIAMI, FL 33183

**New Mailing Address:**

13170 SW 128 STREET  
#206  
MIAMI, FL 33186

FEI Number: 65-1265236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUIRIELLO, RAYNELL  
7445 SW 118 COURT  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

QUIRIELLO, RAYNELL  
13170 SW 128 STREET  
MIAMI, FL 33186 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: RAYNELL QUIRIELLO

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: RAYNELL, QUIRIELLO  
Address: 12828 SW 135 TERRACE  
City-St-Zip: MIAMI, FL 33186

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: RAYNELL QUIRIELLO

MGRM

04/26/2006

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