2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# L06000035102

Entity Name: WESTON MEDICAL CENTRE LLC

Current Principal Place of Business:

1855 N. CORPORATE LAKES BLVD.
WESTON, FL 33326 US

New Principal Place of Business:

1855 N. CORPORATE LAKES BLVD.
SUITE# 1
WESTON, FL 33326 US

Current Mailing Address:

2700 WALKERS WAY
WESTON, FL 33331 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JAFFER, MOHSIN H MR.
2700 WALKERS WAY
WESTON, FL 33331 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 ( ) Delete
Name: JAFFER, MOHSIN M MR.
Address: 2700 WALKERS WAY
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES:

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: MOHSIN JAFFER MR. 02/19/2007

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