

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3/21

FILED
Apr 10, 2007 8:00 am
Secretary of State

03-02-2007 90189 001 ****50.00

DOCUMENT # L06000059255					
1. Entity Name CR MIAMI MED, LLC					
Principal Place of Business 8600 EAST ROCKCLIFF ROAD TUCSON AZ 85750			Mailing Address 8600 EAST ROCKCLIFF ROAD TUCSON AZ 85750		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 37-1529236	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVE. TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when renewing.)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
10. <i>Managing Member</i> TERRILL COHEN 8600 E. ROCKCLIFF RD TUCSON AZ 85750					
☐ Change ☒ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Terrill Cohen</i> TERRILL COHEN 2-807 520 711 9000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Docketing Phone #					