2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074247

Entity Name: M B MEDICAL GROUP, L.L.C.

FILED Apr 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15900 SW 82ND AVE. 6705 RED ROAD

PALMETTO BAY, FL 33157 US SUITE 510

CORAL GABLES, FL 33143 US

Current Mailing Address: New Mailing Address:

15900 SW 82ND AVE. 6705 RED ROAD

PALMETTO BAY, FL 33157 US SUITE 510

CORAL GABLES, FL 33143 US

FEI Number: 20-5345651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PAMELA, MERINO PAMELA, MERINO 15900 SW 82ND AVE. 6705 RED ROAD

PALMETTO BAY, FL 33157 US SUITE 510 CORAL GABLES, FL 33143 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: PAMELA MERINO 04/27/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: PAMELA MERINO, M.D., Name: PAMELA MERINO, M.D.,

Address: 15900 SW 82ND AVE. Address: 6705 RED ROAD SUITE 510
City-St-Zip: PALMETTO BAY, FL 33157 US City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR () Delete Title: MGR (X) Change () Addition Name: ANGEL BETANCOURT, M., D. Name: ANGEL BETANCOURT, M., D. Address: 8950 N. KENDALL DR. SUITE 304 Address: 6705 RED ROAD SUITE 510

Address: 8950 N. KENDALL DR. SOTTE 304 Address: 6705 RED ROAD SOTTE 510

City-St-Zip: MIAMI, FL 33176 US City-St-Zip: CORAL GABLES, FL 33143 US

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: PAMELA MERINO DR 04/27/2008