

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089191

FILED
May 13, 2009
Secretary of State

Entity Name: SOUTH MIAMI 7300 PARTNERS, LLC

Current Principal Place of Business:

% FLORIDA WOMAN'S HEALTH CARE
7300 SW 62ND PLACE, 3RD FLOOR
SOUTH MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

% FLORIDA WOMAN'S HEALTH CARE
7300 SW 62ND PLACE, 3RD FLOOR
SOUTH MIAMI, FL 33134

New Mailing Address:

FEI Number: 38-3741364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

BUTLER, KATHRYN
7300 SW 62ND PLACE, 3RD FLOOR
SOUTH MIAMI, FL 33134 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIRSCH, NATHAN
Address: 7300 SW 62ND PLACE, 3RD FLOOR
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGRM () Delete
Name: VIZOSO, JAVIER
Address: 7300 SW 62ND PLACE, 3RD FLOOR
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGRM () Delete
Name: GUINOT, RAPHAEL
Address: 7300 SW 62ND PLACE, 3RD FLOOR
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGRM () Delete
Name: PAEZ, RENE
Address: 7300 SW 62ND PLACE, 3RD FLOOR
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGRM () Delete
Name: CHI, SUREEN
Address: 7300 SW 62ND PLACE, 3RD FLOOR
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NATHAN HIRSCH

MGRM

05/13/2009

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