

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092287

FILED  
Jan 22, 2007  
Secretary of State

**Entity Name:** DEERFIELD MEDICAL GROUP, LLC

**Current Principal Place of Business:**

13030 DEVA STREET  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

13030 DEVA STREET  
CORAL GABLES, FL 33156

**New Mailing Address:**

**FEI Number:** 16-1772960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BORELL, ALEXANDER ESQ.  
2889 10TH AVENUE NORTH  
SUITE 302  
LAKE WORTH, FL 33461 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: MGR ( ) Delete  
Name: RODRIGUEZ, DAVID  
Address: 13030 DEVA STREET  
City-St-Zip: CORAL GABLES, FL 33156

Title: MGR (X) Delete  
Name: WEINSTEIN, LEONARD  
Address: 13030 DEVA STREET  
City-St-Zip: CORAL GABLES, FL 33156

**ADDITIONS/CHANGES:**

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 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:** DAVID RODRIGUEZ

MNGR

01/22/2007

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