

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107376

FILED
Apr 11, 2008
Secretary of State

Entity Name: CARLOS A. CORRALES, M.D., LLC

Current Principal Place of Business:

3080 N.W. 99TH AVENUE, SUITE 302
CORAL SPRINGS, FL 33065

New Principal Place of Business:

10167 NW 31ST STREET
102
CORAL SPRINGS, FL 33065

Current Mailing Address:

3080 N.W. 99TH AVENUE, SUITE 302
CORAL SPRINGS, FL 33065

New Mailing Address:

10167 NW 31ST STREET
102
CORAL SPRINGS, FL 33065

FEI Number: 41-2219559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADEN, LISA
4623 FOREST HILL BLVD., STE 111
WEST PALM BEACH, FL 33415 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: D () Delete
Name: CORRALES, CARLOS A MD
Address: 3080 NW 99TH AVENUE # 302
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: CORRALES, CARLOS A MD
Address: 10167 NW 31ST STREET #102
City-St-Zip: CORAL SPRINGS, FL 33065

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: CARLOS A. CORRALES

MD

04/11/2008

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