

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111108

FILED  
Jul 03, 2007  
Secretary of State

**Entity Name:** CORAL GABLES EXECUTIVE PHYSICIANS, LLC

**Current Principal Place of Business:**

600 BILTMORE WAY #616  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

4051 LAGUNA ST.  
CORAL GABLES, FL 33146

**Current Mailing Address:**

600 BILTMORE WAY #616  
CORAL GABLES, FL 33134

**New Mailing Address:**

2224 SEGOVIA CIRCLE  
CORAL GABLES, FL 33134

FEI Number: 20-5861200      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:**

GUTIERREZ, NICOLAS J ESQ.  
BORGOGNONI & GUTIERREZ, LLP  
2665 SOUTH BAYSHORE DRIVE, SUITE 701  
MIAMI, FL 33133 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: MGRM ( ) Delete  
Name: THOMAS, ROBERT DR.  
Address: 600 BILTMORE WAY, APT. NO. 616  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THOMAS, ROBERT DR.  
Address: 2224 SEGOVIA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

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: ROBERT H. THOMAS

OWNE

07/03/2007

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