2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2008
Secretary of State

DOCUMENT# L07000005743

Entity Name: INTERNIST OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

C/O 999 PONCE DE LEON BLVD., #1100
CORAL GABLES, FL 33134

New Principal Place of Business:

1150 CAMPO SANO AVE
420
CORAL GABLES, FL 33134

Current Mailing Address:

C/O 999 PONCE DE LEON BLVD., #1100
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

MACHADO, MARIA I
999 PONCE DE LEON BLVD., #1100
CORAL GABLES, FL 33134 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR ( ) Change (X) Addition
Name: BRIJBAG, BERNHARD L
Address: 1150 CAMPO AVE SUITE
City-St-Zip: CORAL GABLES, FL 33146

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: BERNHARD BRIJBAG CEO 08/11/2008

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