

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010414

Entity Name: SOUTH BEACH CLINIC, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

4300 ALTON RD.  
WARNER BUILDING, SUITE 360  
MAIMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4300 ALTON RD.  
WARNER BUILDING, SUITE 360  
MAIMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PAREDES, JUAN C  
50 OCEAN DR  
202  
KEY BISCAYNE, FL 33149 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: PAREDES, JUAN C  
Address: 50 OCEAN DRIVE SUITE 202  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

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: JUAN C PAREDES

MGR

04/30/2008

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