

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010414

Entity Name: SOUTH BEACH CLINIC, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 26-3307200

FEI Number Applied For ()

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

New Principal Place of Business:

4308 ALTON RD.
WARNER BUILDING, SUITE 9
MAIMI BEACH, FL 33140

New Mailing Address:

4308 ALTON RD.
WARNER BUILDING, SUITE 9
MAIMI BEACH, FL 33140

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

04/28/2009

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