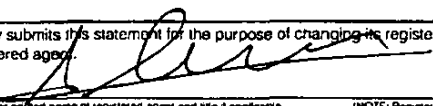
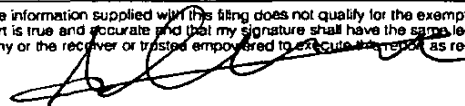


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

03-17-2008 90259 040 ***138.75

DOCUMENT # L07000047507 1. Entity Name PROMED KENDALL, LLC					
Principal Place of Business 1660 NE MIAMI GARDENS DRIVE STE B NORHT MIAMI BEACH, FL 33179			Mailing Address 1660 NE MIAMI GARDENS DRIVE STE B NORHT MIAMI BEACH, FL 33179		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8973906	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CFRA LLC CORPORATE CENTER THREE 4221 W BOY SCOUT BLVD 10TH FLOOR TAMPA, FL 33607-5736			7. Name and Address of New Registered Agent Name PROMED PROPERTIES, INC. Street Address (P.O. Box Number is Not Acceptable) 1660 N.E. MIAMI GARDENS DRIVE Suite #8 City N. MIAMI BEACH FL Zip Code 33179		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.			DATE 4/1/08 (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CHAIM KATZAD 1660 NE MIAMI GARDENS DR. #8 N. MIAMI BEACH, FL 33179	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER DORI SEGAL 1660 NE MIAMI GARDENS DR. #8 N. MIAMI BEACH, FL 33179	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ABRAHAM SOFFER 1660 NE MIAMI GARDENS DR. #8 N. MIAMI BEACH, FL 33179	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 the report as required by Chapter 608, Florida Statutes.			SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date 4/1/08			Daytime Phone # 305-947-8800		

30003921



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