

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047507

Entity Name: PROMED KENDALL, LLC

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

1660 NE MIAMI GARDENS DRIVE STE 8  
NORHT MIAMI BEACH, FL 33179

## New Principal Place of Business:

1696 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179

## Current Mailing Address:

1660 NE MIAMI GARDENS DRIVE STE 8  
NORHT MIAMI BEACH, FL 33179

## New Mailing Address:

1696 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179

FEI Number: 20-8973906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROMED PROPERTIES, INC  
1660 NE MIAMI GARDENS DR STE 8  
MIAMI, FL 33179 US

## Name and Address of New Registered Agent:

PROMED PROPERTY MANAGEMENT, INC.  
1696 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179 US

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: AHARON SOFFER

03/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KATZAAN, CHAIM  
Address: 1660 NE MIAMI GARDENS DR 8  
City-St-Zip: MIAMI, FL 33179

Title: MGR ( ) Delete  
Name: SEGAL, DORI  
Address: 1660 NE MIAMI GARDENS DR 8  
City-St-Zip: MIAMI, FL 33179

Title: MGR ( ) Delete  
Name: SOFFER, AHARON  
Address: 1660 NE MIAMI GARDENS DR 8  
City-St-Zip: MIAMI, FL 33179

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KATZMAN, CHAIM  
Address: 1696 NE MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR (X) Change ( ) Addition  
Name: SEGAL, DORI  
Address: 1696 NE MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR (X) Change ( ) Addition  
Name: SOFFER, AHARON  
Address: 1696 NE MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: AHARON SOFFER

MGR

03/17/2009

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