

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070101

FILED
Jan 24, 2009
Secretary of State

Entity Name: FAITH MEDICAL INSTITUTE LLC

Current Principal Place of Business:

2040 NE 163RD STREET
1ST FLOOR
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

18301 NW 2ND COURT
MIAMI, FL 33169

New Mailing Address:

FEI Number: 14-2003105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALLAS, BASIL L
18301 N.W. 2ND CT.
MIAMI, FL 33169 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: MGRM () Delete
Name: DACOSTA-DALLAS, MARGARET
Address: 18301 NW 2ND CT.
City-St-Zip: MIAMI, FL 33169

Title: MGRM (X) Delete
Name: DALLAS, L. KAYE
Address: 18301 N.W. 2ND CT.
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: M DACOSTA-DALLAS

MGRM

01/24/2009

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