

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079427

FILED
Apr 24, 2009
Secretary of State

Entity Name: HIALEAH MULTISPECIALTY INVESTMENTS, LLC

Current Principal Place of Business:

2900 PALM AVENUE
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

2900 PALM AVENUE
HIALEAH, FL 33013

New Mailing Address:

PO BOX 698
CIRCLE PINES, MN 55014

FEI Number: 35-2304829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRATTON, DOUGLAS D
407 LINCOLN ROAD, SUITE 2A
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

WEISS, JANE M
490 SAWGRASS CORPORATE PARKWAY
100
SUNRISE, FL 33325 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: JANE M WEISS

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ESCALANTE, JOSE E
Address: 777 E 25TH ST
City-St-Zip: HIALEAH, FL 33013

Title: MGRM () Delete
Name: CONTRERAS, JOSE
Address: 2900 PALM AVENUE
City-St-Zip: HIALEAH, FL 33013

Title: MGRM () Delete
Name: CORTES, ANAIS
Address: 2900 PALM AVENUE
City-St-Zip: HIALEAH, FL 33013

Title: MGRM () Delete
Name: GUTIERREZ, ALEXIS
Address: 2900 PALM AVENUE
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES:

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

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

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: ANAIS CORTES

MGMR

04/24/2009

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