## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000082843

12600 SW 78TH AVE

City-St-Zip: MIAMI, FL 33156 US

Address:

Entity Name: MIAMI INFECTIOUS DISEASES LLC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	-	or Business.	New i inicipal i la	de of Business.	
9240 SUN 241	SET DRIVE				
MIAMI, FL	33173 US				
Current Mailing Address:			New Mailing Address:		
PO BOX 5 MIAMI, FL					
FEI Number:	: 26-0700356	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
FLURIACH, PEDRO R 9240 SUNSET DR 241			MENDEZ, MARILYN 9240 SUNSET DR 241		
MIAMI, FL 33173 US				MIAMI, FL 33173 US	
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both	
SIGNATURE: MARILYN MENDEZ				04/29/2008	
	Electron	ic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () MENDEZ-MULE 12600 SW 78TI MIAMI, FL 331	H AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () HERNANDEZ, F 15421 SW 82N MIAMI, FL 331	D AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM (X) FLURIACH, PEI 12600 SW 78TI MIAMI, FL 331	H AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	MGRM () MENDEZ, MAR	Delete ILYN	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MARILYN MENDEZ MGRM 04/29/2008