

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106100

FILED
Sep 12, 2008
Secretary of State

Entity Name: CENTERS OF MEDICAL EXCELLENCE OF NORTH FLORIDA, LLC

Current Principal Place of Business:

1300 CORAL WAY
SUITE #204
MIAMI, FL 33016

New Principal Place of Business:

Current Mailing Address:

1300 CORAL WAY
SUITE #204
MIAMI, FL 33016

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SUAREZ, MARIA C
14720 GLENCAIRN ROAD
MIAMI LAKES, FL 33016 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CRUZ, ARLEEN
Address: 1515 N FLAGLER DR.
City-St-Zip: W.PALM BEACH, FL 33401

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: ARLEEN CRUZ

MGR

09/12/2008

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