

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109665

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** CORAL REEF MEDICAL GROUP, LLC

**Current Principal Place of Business:**

30334 OLD DIXIE HWY  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

30334 OLD DIXIE HWY  
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:** 06-1833406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBETO, BERMUDEZ JR.  
7846 SW 195 STREET  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

ROBETO, BERMUDEZ JR.  
30334 OLD DIXIE HWY  
MIAMI, FL 33033 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:** ROBERTO BERMUDEZ

04/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BERMUDEZ, ROBERTO JR.  
**Address:** 30334 OLD DIXIE HWY  
**City-St-Zip:** HOMESTEAD, FL 33033

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

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

**Title:** MGRM ( ) Change (X) Addition  
**Name:** BLANCO, ROBERT  
**Address:** 30334 OLD DIXIE HWY  
**City-St-Zip:** HOMESTEAD, FL 33033

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:** ROBERT BLANCO

MGRM

04/01/2009

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