2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L07000124656

Entity Name: J.S. AMBULATORY FACILITY, L.L.C.

Current Principal Place of Business:

6705 RED ROAD
SUITE 708
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

6705 RED ROAD
SUITE 708
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 26-1598110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD.
SUITE 485-SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

SALOMON, JHONNY A
6705 RED RD
708
CORAL GABLES, FL 33143 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: JHONNY SALOMON 04/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SALOMON, JHONNY
Address: 6705 RED ROAD, SUITE 708
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

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: JHONNY SALOMON PRES 04/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date