2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

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Entity Name: BLACKSTONE MEDICAL SOUTH FLORIDA, L.L.C.

Current Principal Place of Business:

4801 N. FEDERAL HWY. SUITE 103
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4801 N. FEDERAL HWY. SUITE 103
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 80-0274143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWRENCE A. CAPLAM, P.A.
1900 CORPORATE BLVD., SUITE 400E
BOCA RATON, FL 33431 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: MGRM ( ) Delete
Name: HARRISON, KARL D
Address: 11860 NW 7TH STREET
City-St-Zip: PLANTATION, FL 33325

Title: MGRM ( ) Delete
Name: DALEY, DEBORAH
Address: 13022 SW 40TH STREET
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES:

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: KARL D HARRISON MGRM 03/09/2009

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