

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103931

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** BELTRAN MEDICAL GROUP, LLC

**Current Principal Place of Business:**

14223 SW 42 ST  
MIAMI, FL 33175

**New Principal Place of Business:**

14223 SW 42 ST  
MIAMI, FL 33175 64

**Current Mailing Address:**

14223 SW 42 ST  
MIAMI, FL 33175

**New Mailing Address:**

14223 SW 42 ST  
MIAMI, FL 33175 64

**FEI Number:** 27-1205472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SANTANA-PORBEN, IDALMIS  
6266 SW 161 PLACE  
MIAMI, FL 33193 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:** MGR  
**Name:** SANTANA-PORBEN, IDALMIS MD  
**Address:** 6266 SW 161 PLACE  
**City-St-Zip:** MIAMI, FL 33193

**Title:** MGR  
**Name:** PUIG, GLAUCO A MD  
**Address:** 6266 SW 161 PLACE  
**City-St-Zip:** MIAMI, FL 33193

I hereby 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:** IDALMIS SANTANA-PORBEN

MGR

01/06/2010

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