

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 03, 2010
Secretary of State**

DOCUMENT# L09000122921

Entity Name: DORAL MEDICAL MANAGEMENT SERVICES LLC

Current Principal Place of Business:

10481 NW 41ST ST
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

10481 NW 41ST ST
DORAL, FL 33178

New Mailing Address:

FEI Number: 27-1541612 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CALRKE, SHARENA
10481 NW 41 STREET
DORAL, FL 33178 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: CLARKE, SHARENA
Address: 10481 NW 41ST ST
City-St-Zip: DORAL, FL 33178

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: SHARENA CLARKE MGR 09/03/2010

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