

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000122921

FILED
Nov 23, 2010
Secretary of State

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 ()

Name and Address of Current Registered Agent:

CALRKE, SHARENA
10481 NW 41 STREET
DORAL, FL 33178 US

Name and Address of New Registered Agent:

FYNE, ADRIAN
10481 NW 41 STREET
DORAL, FL 33178 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: ADRIAN FYNE

11/23/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FYNE, ADRIAN
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: ADRIAN FYNE

MGR

11/23/2010

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