


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>DADEMED, L.C.</b> <b>1200 S. PINE ISLAND RD.</b> <b>SUITE 320</b> <b>PLANTATION FL 33324</b>		<b>DOCUMENT # L97000000863</b>  1a. Principal Place of Business Address  <b>1200 S. PINE ISLAND RD.</b> <b>SUITE 320</b> <b>PLANTATION FL 33324</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country	
3. Date Organized or Qualified <b>08/07/1997</b>		3a. State of Formation <b>FL</b>	
4. FEI Number <b>65-0774920</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report <b>05/01/1998</b>		6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>KTG &amp; S REGISTERED A, GENT CORP.</b> <b>100 S.E. SECOND STREET</b> <b>SUITE 2800</b> <b>MIAMI FL 33131</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> <b>500002804715-2</b>  <b>-03/12/99-01094-023</b>  <b>****120005****88.75</b>  <b>FL</b> </div>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MELLA, JUAN MD	8950 N. KENDALL DR.	MIAMI FL
MGR	BAKER, BARRY MD	7800 S.W. 87TH AVE	MIAMI FL
MGR	BRETON, CRISTIAN MD	7400 S.W. 88TH ST	MIAMI FL
MGR	FIALKOW, JONATHAN MD	8950 N KENDALL DR	MIAMI FL
MGR	SOBRADO, JAVIER MD	8525 SW 92ND ST.	SOUTH MIAMI FL
MGR	LOEWENHERZ, JAMES MD	9000 S.W. 87TH CT	MIAMI FL
MGR	PONS, GUILLERMO, M.D.	6280 SUNSET DRIVE, SUITE 600	MIAMI FL
MGR	BARRERA, CARLOS, M.D.	2601 S.W. 37th AVE, SUITE 506	MIAMI FL
MGR	VITIELLO, MARCO, M.D.	7575 S.W. 62ND AVE, #B	MIAMI FL
11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		_____ Pres 2/10/04	