

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000000833

1. Entity Name
BCDS QUALITY, L.C.



Principal Place of Business
11880 S.W. 40TH STREET, SUITE 214
C/O DANIEL DIEZ, M.D., P.A.
MIAMI, FL 33175

Mailing Address
11880 S.W. 40TH STREET, SUITE 214
C/O DANIEL DIEZ, M.D., P.A.
MIAMI, FL 33175



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0844556

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIEZ, SANTIAGO P.A.
80 S.W. 8 ST.
SUITE 2510
MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JUAN M. CANCIO, M.D., P.A.
STREET ADDRESS	777 EAST 26TH STREET, SUITE 510
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	MGRM
NAME	CARLOS A. SABATES, M.D., P.A.
STREET ADDRESS	747 PONCE DE LEON BLVD., SUITE 602
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	DANIEL DIEZ, M.D., P.A.
STREET ADDRESS	11880 S.W. 40TH STREET, SUITE 214
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000194306
01/25/05-80036-005 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/20/2005 (305) 552-5792