2006 LIMITED LIABILITY COMPANY

FILED Apr 24, 2006 8:00 am Secretary of State

Daytime Phone #

						-04-24-2006 9	20055 030	****5	$\cap \cap$
DOCUI 1. Entity Name MCH PED			4005		70033 032	50	.00		
Principal Place	e of Business	Mailing Address		}	dans	000			
4620 NORTH	I STATE ROAD 7	4620 NORTH STATE ROA	AD 7						
BLDG H SUIT	· - · · · · · · · · · · · · · · · · · ·	BLDG H SUITE 316	00040 110						
LAUDERDALE	LAKES, FL 33319 US	LAUDERDALE LAKES, FL	33319 US			18181 (A)(† 807)(887)(A ? (I ed ili adita ibil e	1881 1817 BBI	ERFJII FRAI
2 Principal Pl	lace of Business	3. Mailing Address							
z. rimeiparri	iace of Business	5310 NW 3	33rd Ave	.		IRIAT IBTIL GALIL AALIK DAZ		46 5; 99	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			0.4400000	0	0005000	(44/05)	
		Suite 204		ļ	04182006	Chg-LLC	CR2E083	(11/05)	
City & State	е	City & State	o FL		4. FEI Numbe		· <u> </u>	Ар	plied For
		Ft. Laudordal	<u></u>		65-0918	3339			t Applicable
Zip	Country	Zip	Country (- : -'	5. Certificate	of Status Desired		.00 Add	
		32504	<u>us</u>		7 None and	6 -1-1		e Required	<u> </u>
**	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New R	egisterea Age	ent	
SANCHEZ	, NINA M.D.		l Hallo						
	TH STATE ROAD 7		Street A	ddress (P.	O. Box Numbe	r is Not Acceptable	3)		
BLDG H S									
LAUDERD	ALE LAKES, FL 33316		į						
			City				FL	Zip Code	3
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	egistered office o	registered	d agent, or bot	h, in the State of Flo	orida. I am fan	niliar with,	and accept
trie obligati	ions of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable (NOTE:	Registered Agent signat	ura required w	chon coinetation)		DATE		
	Signature, typed or prince marie of registered agents	The state is application. (14012.	region to Agent signer	or required m	Tion remarkating/		- DATE		
	iling Fee is \$50.00 ue by May 1, 2006						e check pay a Departmen		•
9.	MANAGING MEMBE	ERS/MANIAGERS	10.			ADDITIONS	/CHANGES		
TITLE	P MANAGINA MEMBE	Delete	TITLE			<u> ADDITIONS</u>		Change	☐ Addition
NAME	SANCHEZ, NINA M.D.	T Delete	NAME				L	_) Ghange	Addition
STREET ADDRESS	4620 N STATE RD 7, BLDG H S	TE 316	STREET ADDRESS						
CITY-ST-ZIP	LAUDERDALE LAKES, FL 3331		CITY-ST-ZIP						
TITLE	VP	☐ Delete	TITLE] Change	☐ Addition
NAME	VAZQUEZ, ANTONIO MD	Delate	NAME	}			<i>L</i>	_ onunge	
STREET ADDRESS	4620 N STATE RD 7, BLDG H S	TE 316	STREET ADDRESS						
CITY-ST-ZIP	LAUDERDALE LAKES, FL 3331	9	CITY-ST-ZIP				_		
TITLE	т	Delete	TITLE	7			[Change	X Addition
NAME	GRIJALVA, GALO MD	• • • • • • • • • • • • • • • • • • • •	NAME	Dair	J. Goldbe	erg, MD		_	_
STREET ADDRESS	4620 N STATE RD 7, BLDG H S	TE 316	STREET ADDRESS	53.0	NW35"	Idvenue	, Stc 20	4	
CITY-SI-ZIP	LAUDERDALE LAKES, FL 3331	9	CITY-ST-ZIP	P+.LC	audordal	e, FL 33	309		
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STREET ADDRESS	***************************************		STREET ADDRESS						
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TITLE		☐ Delete	TITLE	İ			Ĺ	Change	☐ Addition
TITLE NAME		☐ Delete	NAME	i			Ĺ	Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	NAME Street address				Ĺ	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with d on this report is true and accurate and ability company or the receiver of truste	a this filling does not qualify for	NAME STREET ADDRESS CITY-ST-ZIP	ontained in	n Chapter 119,	Florida Statutes, I f	urther certify th	nat the info	armation.

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE