

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005645

**FILED**  
**Jan 28, 2008**  
**Secretary of State**

**Entity Name:** CONSOLIDATED MEDICAL ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

3363 SHERIDAN STREET, SUITE 207  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

3363 SHERIDAN STREET  
SUITE 207  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3363 SHERIDAN STREET, SUITE 207  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 65-0949461      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLOUCHA, L.M. ESQ.  
C/O ATKINSON, DINER, STONE MANKUTA  
ONE FINANCIAL PLAZA #1400  
FORT LAUDERDALE, FL 33394 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: MGRM ( ) Delete  
Name: HARNEY, PATRICK D  
Address: 5700 OAKDALE TERRACE  
City-St-Zip: HOLLYWOOD, FL 33312

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PATRICK D HARNEY      MGRM      01/28/2008

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