

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008089

FILED
Apr 06, 2005
Secretary of State

Entity Name: SOUTH FLORIDA FAMILY PRACTICE ASSOCIATES, L.C.

Current Principal Place of Business:

8840 S.W. 40TH STREET, SUITE 100
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

8840 S.W. 40TH STREET, SUITE 100
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-0996707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREIRA, JORGE A
8840 S.W. 40 ST., STE 100
MIAMI, FL 33165 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/MEMBERS:

Title: MGRM () Delete
Name: GUATY, NESTOR E JR
Address: 8840 S.W. 40TH STREET, SUITE 100
City-St-Zip: MIAMI, FL 33165

Title: MGRM () Delete
Name: PEREIRA, JORGE
Address: 8840 S.W. 40TH STREET, SUITE 100
City-St-Zip: MIAMI, FL 33165

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: LOPEZ, GUILLERMO R
Address: 8840 S.W. 40TH STREET, SUITE 100
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JORGE PEREIRA

MGRM

04/06/2005

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