
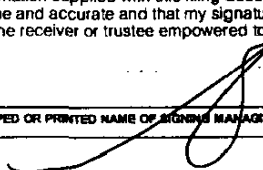


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90054 043 ***138.75

DOCUMENT # L99000008291					
1. Entity Name RAFAEL RIVAS-CHACON, M.D., L.L.C.					
Principal Place of Business 3100 S.W. 62ND AVENUE, COTTAGE #3 MIAMI, FL 33155			Mailing Address P.O. BOX 431169 SOUTH MIAMI, FL 33243-1169		
2. Principal Place of Business - No P.O. Box # 3200 SW 60 Court		3. Mailing Address			
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc.			
City & State Miami FL		City & State		01282008 Chg-LLC CR2E083 (12/06)	
Zip 33155		Country USA		4. FEI Number 45-4530369	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIVAS-CHACON, RAFAEL M.D. 3100 S.W. 62ND AVENUE, COTTAGE #3 MIAMI, FL 33155			Name Rivas-Chacon, Rafael M.D.		
			Street Address (P.O. Box Number is Not Acceptable) 3200 SW 60 Court, Suite 105		
			City Miami		
			State FL		
			Zip Code 33155		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVAS-CHACON, RAFAEL F 3100 SW 62ND AVE. MIAMI, FL 331553098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3200 SW 60 Court, Suite 105 Miami FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date: 2/6/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: 305-663 8505	