

FILED
3 **Apr 21, 2005 8:00 am**
Secretary of State

DOCUMENT # M04000000409			
1. Entity Name SOUTH BEACH DOCTORS HOSPITAL, LLC		Principal Place of Business 2930 BISCAYNE BLVD. MIAMI, FL 33137	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
NRI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SBDH HOLDINGS, LLC 2930 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete	10.
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes, and that my signature shall have the same legal effect as if it were the signature of the company or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.			
SIGNATURE <i>Miguel Guittierrez</i> Miguel Guittierrez, Vice President			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			