

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005137

FILED
Sep 13, 2007
Secretary of State

Entity Name: SOUTH DADE MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

3191 CORAL WAY, SUITE 303
MIAMI, FL 33145

New Principal Place of Business:

4960 SW 72ND AVENUE SUITE 406
ATTN: JEFF LAWRENCE
MIAMI, FL 33155

Current Mailing Address:

3191 CORAL WAY, SUITE 303
MIAMI, FL 33145

New Mailing Address:

4960 SW 72ND AVENUE SUITE 406
ATTN: JEFF LAWRENCE
MIAMI, FL 33155

FEI Number: 20-5569772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

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: MCCI HOLDINGS, LLC,
Address: 3191 CORAL WAY, SUITE 303
City-St-Zip: MIAMI, FL 33145

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARMAS, JOSE DR.
Address: 4960 SW 72ND AVENUE SUITE 406
City-St-Zip: MIAMI, FL 33155

Title: MGR () Change (X) Addition
Name: CAMPO, OTTO
Address: 4960 SW 72ND AVENUE SUITE 406
City-St-Zip: MIAMI, FL 33155

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: OTTO CAMPO

MGR

09/13/2007

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