

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005137

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** SOUTH DADE MEDICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-5569772      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: MGR ( ) Delete  
Name: ARMAS, JOSE DR.  
Address: 4960 SW 72ND AVENUE SUITE 406  
City-St-Zip: MIAMI, FL 33155

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

**ADDITIONS/CHANGES:**

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

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: OTTO CAMPO

CFO

04/22/2008

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