

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/26/20

FILED
Feb 22, 2007 8:00 am
Secretary of State

01-26-2007 90080 013 ****50.00

DOCUMENT # M06000005147 1. Entity Name MIAMI BEACH MEDICAL ASSOCIATES, LLC					
Principal Place of Business 3191 CORAL WAY, SUITE 303 MIAMI, FL 33145			Mailing Address 3191 CORAL WAY, SUITE 303 MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331				4. FEI Number 20-5575026	
7. Name and Address of New Registered Agent				Applied For ☐ Not Applicable	
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.				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MCCI HOLDINGS, LLC 3191 CORAL WAY, SUITE 303 MIAMI, FL 33145	☐ Delete			
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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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					