

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000021319

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: APEX HEALTH CARE SERVICES, LLC

Current Principal Place of Business:

2801 PONCE DE LEON BLVD
SUITE 1060
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2801 PONCE DE LEON BLVD
SUITE 1060
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1157745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, RAFAEL
2801 PONCE DE LEON BLVD
SUITE 1060
CORAL GABLES, FL 33134 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/MEMBERS:

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

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

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

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HERNANDEZ, ALBERTO MD
Address: 2801 PONCE DE LEON BLVD, SUITE 1060
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: SANTOS, GERARDO MD
Address: 2801 PONCE DE LEON BLVD, SUITE 1060
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: WEISS, RICHARD
Address: 2801 PONCE DE LEON BLVD, SUITE 1060
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: PEREZ, RAFAEL
Address: 2801 PONCE DE LEON BLVD, SUITE 1060
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: RODRIGUEZ-DURAN, DORA
Address: 2801 PONCE DE LEON BLVD, SUITE 1060
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: ROSELLO, GEMMA
Address: 2801 PONCE DE LEON BLVD, SUITE 1060
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD WEISS

MGR

05/01/2002

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

ARMANDO CRUZ, MD MGR
2801 PONCE DE LEON BLVD, SUITE 1060
CORAL GABLES, FLORIDA 33134