2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2007
Secretary of State

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Entity Name: AMALI ENTERPRISES, L.L.C.

Current Principal Place of Business:

4580 SW 8TH STREET
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

4580 SW 8TH STREET
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 02-0545268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUESADA, G. FRANK ESQ.
1313 PONCE DE LEON BLVD., STE. 200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

QUANTUM CARE, INC.
4580 SW 8TH STREET
CORAL GABLES, FL 33134 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: AMARILIS GONZALEZ, M.D. 04/07/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GONZALEZ, AMARILIS
Address: 4580 SW 8 STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete
Name: DE LA PENA, ALINA C
Address: 4580 SW 8 STREET
City-St-Zip: CORAL GABLES, FL 33134

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 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: ALINA C. DE LA PENA MGR 04/07/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date