


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000065140</b>	
1. Entity Name STAT HEALTH SCREENS, LLC	

Principal Place of Business 6770 SW 124TH STREET MIAMI, FL 33156 US	Mailing Address 6770 SW 124TH STREET MIAMI, FL 33156 US
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**DO NOT WRITE IN THIS SPACE**



03172007No Chg-LLC CR2E083 (11/05)

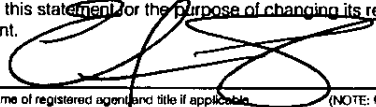
4. FEI Number 38-3724233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARROYAVE, EFRAIN  
 6770 SW 124TH STREET  
 MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE:  DATE: 3-17-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

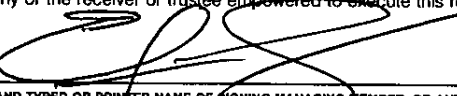
**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URBAN, GAIL E 18045 SW 83RD COURT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHILSEN, LARRY 14830 SW 167TH STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHILSEN, DEBRA 14830 SW 167TH STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARROYAVE, EFRAIN 6770 SW 124 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000675039  
 03/30/07-80002-024 50.00

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 3/17/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #