

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065140

FILED
Jan 07, 2008
Secretary of State

Entity Name: STAT HEALTH SCREENS, LLC

Current Principal Place of Business:

6770 SW 124TH STREET
MIAMI, FL 33156 US

New Principal Place of Business:

901 BRICKELL KEY BLVD.,
#1404
MIAMI, FL 33131 US

Current Mailing Address:

6770 SW 124TH STREET
MIAMI, FL 33156 US

New Mailing Address:

901 BRICKELL KEY BLVD.,
#1404
MIAMI, FL 33131 US

FEI Number: 38-3724233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DEVELOPMED, LLC
901 BRICKELL KEY BLVD., #1404
MIAMI, FL 33131 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: CALI ARROYAVE

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: URBAN, GAIL E
Address: 18045 SW 83RD COURT
City-St-Zip: MIAMI, FL 33157 US

Title: MGR () Delete
Name: CHILSEN, LARRY
Address: 14830 SW 167TH STREET
City-St-Zip: MIAMI, FL 33187

Title: MGR () Delete
Name: CHILSEN, DEBRA
Address: 14830 SW 167TH STREET
City-St-Zip: MIAMI, FL 33187

Title: MGR () Delete
Name: ARROYAVE, EFRAIN
Address: 6770 SW 124 STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: MMGR (X) Change () Addition
Name: URBAN, GAIL E
Address: 18045 SW 83RD COURT
City-St-Zip: MIAMI, FL 33157 US

Title: MMGR (X) Change () Addition
Name: CHILSEN, LARRY
Address: 14830 SW 167TH STREET
City-St-Zip: MIAMI, FL 33187

Title: MMGR (X) Change () Addition
Name: DEVELOPMED, LLC,
Address: 901 BRICKELL KEY BLVD., #1404
City-St-Zip: MIAMI, FL 33131

Title: MMGR (X) Change () Addition
Name: ARROYAVE, EFRAIN
Address: 6770 SW 124 STREET
City-St-Zip: MIAMI, FL 33156

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: CALI ARROYAVE

MMGR

01/07/2008

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