

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112509

FILED  
May 02, 2006  
Secretary of State

Entity Name: PHARMED HEALTH ALLIANCES, LLC

**Current Principal Place of Business:**

312 MINORCA AVENUE  
2ND FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

312 MINORCA AVENUE  
2ND FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MITRANI, ISAAC J ESQ.  
ONE SOUTHEAST THIRD AVENUE  
SUNTRUST INTERNATIONAL CENTER, SUITE 2200  
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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THE ASTRI GROUP, LLC,  
Address: 312 MINORCA AVENUE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: DE CESPEDES, CARLOS  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP ( ) Change (X) Addition  
Name: RODRIGUEZ, RAUL  
Address: 14101 CPMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

Title: TRES ( ) Change (X) Addition  
Name: GONZALEZ, ROGER  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

Title: SEC ( ) Change (X) Addition  
Name: PEREDA, JORGE A  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

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: ROGER GONZALEZ

TRES

05/02/2006

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