


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT -9 PM 4: 05

<b>DOCUMENT # L07000121499</b> 1. Entity Name ANESCO MANAGEMENT HOLDINGS, LLC	
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Principal Place of Business 2515 NE 7TH PLACE FT. LAUDERDALE, FL 33304	Mailing Address 2515 NE 7TH PLACE FT. LAUDERDALE, FL 33304
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3601 W. COMMERCIAL BLVD
Suite, Apt. #, etc. SUITE 5	Suite, Apt. #, etc. SUITE 5
City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL
Zip 33309	Country USA



09232008	Chg-LLC	CR2E083 (12/06)
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name ANESCO MANAGEMENT HOLDINGS, LLC Street Address (P.O. Box Number is Not Acceptable) 3601 W. COMMERCIAL BLVD SUITE 5 City FT. LAUDERDALE FL Zip Code 33309
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MANAGER / PRESIDENT <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD MELI, M.D.		NAME		
STREET ADDRESS	3601 W. COMMERCIAL BLVD #5		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL KOLBERT, M.D.		NAME		
STREET ADDRESS	3601 W. COMMERCIAL BLVD #5		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	VICE-PRESIDENT <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY ALTMANN		NAME		
STREET ADDRESS	3601 W. COMMERCIAL BLVD #5		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Richard Meli MD Date: 9/24/08 Daytime Phone #: 9544852002

REINSTATEMENT 2008