

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000072794

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** ADMINHEALTH LLC

**Current Principal Place of Business:**

11900 BISCAYNE BLVD., #200  
MIAMI, FL 33181

**New Principal Place of Business:**

11900 BISCAYNE BLVD.  
SUITE 630  
MIAMI, FL 33181

**Current Mailing Address:**

11900 BISCAYNE BLVD., #200  
MIAMI, FL 33181

**New Mailing Address:**

11900 BISCAYNE BLVD.  
SUITE 630  
MIAMI, FL 33181

**FEI Number:** 32-0288362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

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: MGR  
Name: FERNANDEZ, ALEJANDRO  
Address: 11900 BISCAYNE BLVD., #630  
City-St-Zip: MIAMI, FL 33181

Title: MGR  
Name: GALLEGO, FELIPE  
Address: 11900 BISCAYNE BLVD., #630  
City-St-Zip: MIAMI, FL 33181

Title: S  
Name: FERNANDEZ, ALEJANDRO  
Address: 11900 BISCAYNE BLVD., #630  
City-St-Zip: MIAMI, FL 33181

Title: T  
Name: GALLEGO, FELIPE  
Address: 11900 BISCAYNE BLVD., #630  
City-St-Zip: MIAMI, FL 33181

I hereby 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: ALEJANDRO FERNANDEZ

MGR

01/18/2010

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