2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L07000087502

Entity Name: ORION HEALTH INTERNATIONAL, LLC

Current Principal Place of Business:

2114 N. FLAMINGO RD.
SUITE 101
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

2114 N. FLAMINGO RD.
SUITE 101
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 26-0787286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDY, LILIAN L
2123 N.E. 123RD ST.
SUITE 212
N. MIAMI, FL 33181 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: MGRM ( ) Delete
Name: LOPEZ, RAPHAEL G
Address: 2114 N. FLAMINGO RD., SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM ( ) Delete
Name: HARDY, LILIAN L
Address: 2123 N.E. 123RD ST., SUITE 212
City-St-Zip: N. MIAMI, FL 33181 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAPHAEL G LOPEZ MGRM 03/20/2009

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