

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014065

Entity Name: SMB HEALTH SERVICES, LLC

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11031 N.E. 6TH AVENUE  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

11031 N.E. 6TH AVENUE  
MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 02-0687654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HAYDEN, HARVEY B  
11031 NE 6TH AVENUE  
MIAMI, FL 33161 US

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

HAYDEN, H. BRUCE  
11031 NE 6TH AVENUE  
MIAMI, FL 33161 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: H. BRUCE HAYDEN

01/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HAYDEN, H. BRUCE PRES  
Address: 11031 NE 6 AVE  
City-St-Zip: MIAMI, FL 33161 US

Title: MGRM  
Name: CARRODEGUAS, VINCENT CFO  
Address: 2121 PONCE DE LEON BLVD SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: GARCIA, ILEANA VP  
Address: 11031 NE 6 AVE  
City-St-Zip: MIAMI, FL 33161 US

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: H. BRUCE HAYDEN

PRES

01/25/2010

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