

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000039886

Entity Name: LIBERTY HEALTH MANAGEMENT, LLC

Current Principal Place of Business:

6834 SUNRISE DR
CORAL GABLES, FL 33133

Current Mailing Address:

3250 MARY ST.
204
COCONUT GROVE, FL 33133 US

FEI Number: 26-4779606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORONA, NICOLE
6834 SUNRISE DR.
CORAL GABLES, FL 33133 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

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| Title | MGRM | Title | MANAGER |
| Name | CORONA, NICOLE | Name | CORONA, RAMON E |
| Address | 6834 SUNRISE DR. | Address | 6834 SUNRISE DR |
| City-State-Zip: | CORAL GABLES FL 33133 | City-State-Zip: | CORAL GABLES FL 33133 |

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAMON E. CORONA

MANAGER

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date