

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002973

FILED
May 01, 2008
Secretary of State

Entity Name: SUPERIOR HEALTHCARE SERVICES LLC

Current Principal Place of Business:

29472 SW 193 CT
MIAMI, FL 33030

New Principal Place of Business:

100 NE 15 STREET
207
HOMESTEAD, FL 33030

Current Mailing Address:

29472 SW 193 CT
MIAMI, FL 33030

New Mailing Address:

FEI Number: 65-0997103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PATRICIA HEVIA
29472 SW 193 CT
HOMESTEAD, FL 33030 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HEVIA, PATRICIA V
Address: 29472 SW 193 CT
City-St-Zip: MIAMI, FL 33030 US

Title: MGR () Delete
Name: HEVIA, AMAURY
Address: 29472 SW 193 CT
City-St-Zip: MIAMI, FL 33030 US

Title: MGR () Delete
Name: GONZALEZ, MICHELLE
Address: 29472 SW 193 CT
City-St-Zip: MIAMI, FL 33030

ADDITIONS/CHANGES:

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

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: PATRICIA HEVIA

MGR

05/01/2008

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