

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 00000011960

1. Entity Name

KATALYX HEALTH LLC

FILED

01 MAY 24 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1221 BRICKELL AV.  
MIAMI, FL., 33131

Mailing Address

1221 BRICKELL AVENUE SUITE 1200  
MIAMI, FL., 33131  
C/O PATRICIA MENENDEZ CAMBO

2. Principal Place of Business  
1221 Brickell Avenue

3. Mailing Address  
1221 Brickell Avenue c/o Patricia Menéndez

Suite, Apt. #, etc.  
Suite 1200

Suite, Apt. #, etc.  
Suite 1200

City & State  
Miami, FLA

City & State  
Miami, FLA

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORP DIRECT AGENTS  
103 N. MERIDIAN ST.  
TALLAHASSEE FL. 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

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\*\*\*1998-00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 MENENDEZ CAMBO P. M. Cambo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01

Date

305-925-5417

Daytime Phone #