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03 MAY 28 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007576

1. Entity Name
IDEAL HEALTH NETWORK, LLC

Principal Place of Business
299 SW 27TH AVENUE
MIAMI, FL 33135

Mailing Address
299 SW 27TH AVENUE
MIAMI, FL 33135

2. Principal Place of Business	3. Mailing Address
	3039 PREMIERE PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 100
City & State	City & State DULUTH GA
Zip / Country	Zip 30097 / Country US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1099372 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ACOSTA, ELIZABETH
299 SW 27 AVE
MIAMI, FL 33135

7. Name and Address of New Registered Agent
Name CARLOS LIDSKY
Street Address (P.O. Box Number is Not Acceptable) 145 EAST 49TH STREET
City HIALEAH FL Zip Code 33013

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carlos Lidsky 4/18/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ACOSTA, ELIZABETH 299 SW 27TH AVENUE MIAMI, FL 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Elizabeth Acosta 4/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #