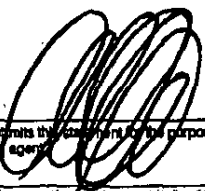


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05-05-2003 92173 020 *****50:00
03 MAY 28 PM 1:36SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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 DULUTH GA		City & State DULUTH GA	
Zip 30097	Country US	Zip 30097	Country US
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 CARLOS LIDSKY 145 EAST 49TH STREET HIALEAH FL 33013	
8. The above named entity submits this document 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 		DATE 4/18/03	
9. MANAGING MEMBERS/MANAGERS			
TITLE MGRM	NAME ACOSTA, ELIZABETH	☐ Delete	
STREET ADDRESS 299 SW 27TH AVENUE	CITY-ST-ZIP MIAMI, FL 33135		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
10. ADDITIONS/CHANGES		☐ Change ☐ Addition	
TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		DATE: 4/18/03	
SIGNATURE AND TYPE PRINT NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CPS2001 030223