2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90114 028 ***138.75

DOCUMENT # L02000009351

1. Entity Name
HMS MANAGEMENT, LLC

Principal Place of Business	Mailing Address
4565 SW 153 AVENUE MIRAMAR, FL 33027	4565 SW 153 AVENUE MIRAMAR, FL 33027

0001/663

03202008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1474 West 84 St		1474 West 84 ST	
Suite, Apt. #, etc.: Suite B		Suite, Apt. #, etc.: Suite B	
City & State: Hialeah, Florida		City & State: Hialeah Florida	
Zip: 33014	Country:	Zip: 33014	Country:

4. FEI Number: 03-0433452 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIEDRA, AURELIO A
780 NW LEJEUNE RD
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Sanchez Manuel E.
Street Address (P.O. Box Number is Not Acceptable): 1474 West 84 ST. Suite B
City: Hialeah FL Zip Code: 33014

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: [signature] MANUEL E SANCHEZ 03-24-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMILA, NIVIA 780 NW LEJEUNE RD., STE 516 MIAMI, FL 33126	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gomila, Nivia 4565 SW 153 Ave MIRAMAR, Fl 33027	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, MANUEL E 780 NW LEJEUNE ROAD MIAMI, FL 33145	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sanchez, Manuel E 1474 West 84 St, Suite B Hialeah, Fl 33014	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] MANUEL E. SANCHEZ 03-24-08 (305)542-8803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #