

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021803

FILED
Apr 10, 2007
Secretary of State

Entity Name: PLANMEDICA HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

1535 NW 79TH AVE.
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

1535 NW 79TH AVENUE
MIAMI, FL 331261103

New Mailing Address:

FEI Number: 04-3713234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINER, SAMUEL ESQ
9100 SOUTH DADELAND BLVD
STE 1408
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: ANDRADE, PABLO
Address: 1535 NW 79 AVE
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: PLANAS, RAUL
Address: 1200 NW 78 AVE STE 205
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PLANAS, RAUL
Address: 1535 NW 79 AVE
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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: RAUL PLANAS

MGRM

04/10/2007

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