2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L02000021803

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:

P.O. BOX 524528
MIAMI, FL 33152 US

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: 1535 NW 79 AVE
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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 04/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date