


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024196 1. Entity Name HEALTH TRANSITIONS, LLC	
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Principal Place of Business 505 LORETTO AVENUE CORAL GABLES, FL 33146	Mailing Address 505 LORETTO AVENUE CORAL GABLES, FL 33146
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04212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1094749	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

PFEFFER, KAREN E
505 LORETTO AVENUE
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000126902
04/23/04-80052-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PFEFFER, KAREN E 505 LORETTO AVENUE CORAL GABLES, FL 33146
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/04
Date

305-725-1781
Daytime Phone #