

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026945

FILED
Jan 23, 2004
Secretary of State

Entity Name: D & D HEALTH ENTERPRISES, LLC

Current Principal Place of Business:

16459 N.E. 6TH AVENUE
NORTH MIAMI, FL 33160

New Principal Place of Business:

16459 N.E. 6TH AVENUE
NORTH MIAMI, FL 33162

Current Mailing Address:

16459 N.E. 6TH AVENUE
NORTH MIAMI, FL 33160

New Mailing Address:

16459 N.E. 6TH AVENUE
NORTH MIAMI, FL 33162

FEI Number: 47-0892375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE CHARLES, CLAUDE
16459 N.E. 6TH AVENUE
NORTH MIAMI, FL 33160 US

Name and Address of New Registered Agent:

D- CHARLES, CLAUDE
16459 N.E. 6TH AVENUE
NORTH MIAMI, FL 33162 US

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: CLAUDE D-CHARLES

01/23/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DE CHARLES, CLAUDE
Address: 16459 N.E. 6TH AVENUE
City-St-Zip: NORTH MIAMI, FL 33160

Title: MGR (X) Delete
Name: DOR, JEFFERSON
Address: 16459 N.E. 6TH AVENUE
City-St-Zip: NORTH MIAMI, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: D-CHARLES, CLAUDE
Address: 16459 N.E. 6TH AVENUE
City-St-Zip: NORTH MIAMI, FL 33162

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDE D-CHARLES

MGR

01/23/2004

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