

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027396

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: MIAMI-DADE HEALTH CARE MANAGEMENT SYSTEMS LLC.

## Current Principal Place of Business:

2260 S.W. 8TH STREET, 3RD FLOOR  
MIAMI, FL 33135

## New Principal Place of Business:

3233 PALM AVENUE  
FOURTH FLOOR  
HIALEAH, FL 33012 US

## Current Mailing Address:

2260 S.W. 8TH STREET, 3RD FLOOR  
MIAMI, FL 33135

## New Mailing Address:

3233 PALM AVENUE  
FOURTH FLOOR  
HIALEAH, FL 33012 US

FEI Number: 59-2299989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET, SUITE 300  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

GARCIA, JOSE M MGR  
3233 PALM AVENUE  
FOURTH FLOOR  
HIALEAH, FL 33012 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: JOSE M. GARCIA, SR.

04/30/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete  
Name: CRUZ, LUIS  
Address: 3233 PALM AVE  
City-St-Zip: HIALEAH, FL 33012

Title: S ( ) Delete  
Name: GARCIA, JOSE M  
Address: 3233 PALM AVE  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CRUZ, LUIS  
Address: 3233 PALM AVE  
City-St-Zip: HIALEAH, FL 33012 US

Title: MGR (X) Change ( ) Addition  
Name: GARCIA, JOSE M  
Address: 3233 PALM AVE  
City-St-Zip: HIALEAH, FL 33012

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: JOSE M. GARCIA, SR.

MGR

04/30/2004

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