APR 02 2003 4:19PM ARAZOZA#&#FERNANDE-FRAGA 3

FILED
May 28, 2003 8:00 am
Secretary of State

03-03-2003 90008 001 ****50.00

3/3/20

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000027396

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

44002708

Principal Place of Business	Mailing Address
2280 S.W. 8TH STREET, 3RD FLOOR MIAMI FL 33135	2280 S.W. 8TH STREET, 3RD FLOOR MIAMI FL 33135

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	3233 PALM AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4th FLOOR
City & State	City & State HIALEAH, FLORIDA
Zip / Country	Zip 33012 / Country USA

4. FEI Number 59-2299989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARAZOZA & FERNANDEZ-FRAGA, P.A. 2100 SALZEDO STREET, SUITE 300 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUIS CRUZ 3233 PALM AVE HIALEAH FLORIDA 33012 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOSE M. GARCIA 3233 PALM AVE HIALEAH, FLORIDA 33012 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 REQUIRED 2-24-03 (305) 642-0890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CK#61448 2/18/03