

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90568 022 ****50.00

DOCUMENT # L02000033007

1. Entity Name
HEALTHCARE ADVANTAGE, LLC



Principal Place of Business

**861 SW 78TH AVENUE
SUITE 100
PLANTATION, FL 33324**

Mailing Address

**861 SW 78TH AVENUE
SUITE 100
PLANTATION, FL 33324**

2. Principal Place of Business

**861 SW 78th Avenue
Suite, Apt. #, etc.
Suite 200**

Plantation, FL

Zip

33324

Country

USA

3. Mailing Address

**861 SW 78th Avenue
Suite, Apt. #, etc.
Suite 200**

Plantation, FL

Zip

33324

Country

USA



05062004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

41-2072001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND FLOOR, 28TH FLOOR
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DISGDIERTT, DANIEL JR**
STREET ADDRESS **8851 NW 16TH STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **MGR** ☐ Delete
NAME **LUIS, RENE**
STREET ADDRESS **4401 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **MGR** ☐ Delete
NAME **BONDS, CAROLINE**
STREET ADDRESS **5630 GRANT STREET #1**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **MGR** ☐ Delete
NAME **Carlos Herrera**
STREET ADDRESS **847 DOVER ST**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **847 DOVER ST**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Shanno Morris

5/3/04

954-453-7450