

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014065

FILED
Apr 30, 2004
Secretary of State

Entity Name: SMB HEALTH SERVICES, LLC

Current Principal Place of Business:

11031 N.E. SIXTH AVE.
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

11031 N.E. SIXTH AVE.
MIAMI, FL 33161

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPCO, INC.
2699 SOUTH BAYSHORE DR., 7TH FLOOR
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HAYDEN, BRUCE P
Address: 11031 NE 6 AVE
City-St-Zip: MIAMI, FL 33161 US

Title: MGRM () Change (X) Addition
Name: MARTINEZ, OLIVIA EVP
Address: 11031 NE 6 AVE
City-St-Zip: MIAMI, FL 33161 US

Title: MGRM () Change (X) Addition
Name: CRRODEGUAS, VINCENT CFO
Address: 2121 PONCE DE LEON BLVD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Change (X) Addition
Name: GARCIA, ILLEANA VP
Address: 11031 NE 6 AVE
City-St-Zip: MIAMI, FL 33161 US

Title: MGRM () Change (X) Addition
Name: ROSE, JACKIE VP
Address: 11031 NE 6 AVE
City-St-Zip: MIAMI, FL 33161 US

Title: MGRM () Change (X) Addition
Name: SCHWARTZ, LANNY VP
Address: 11031 NE 6 AVE
City-St-Zip: MIAMI, FL 33161 US

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: BRUCE HAYDEN

MGR

04/30/2004

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