

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014065

Entity Name: SMB HEALTH SERVICES, LLC

FILED
Mar 23, 2005
Secretary of State

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: 02-0687654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

HAYDEN, H. BRUCE
11031 NE 6 AVE
MIAMI, FL 33161 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: H. BRUCE HAYDEN

03/23/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

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

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

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

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

ADDITIONS/CHANGES:

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

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

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

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

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

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: H. BRUCE HAYDEN

P

03/23/2005

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