

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014065

Entity Name: SMB HEALTH SERVICES, LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

11031 N.E. 6TH AVENUE  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

11031 N.E. 6TH AVENUE  
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:**

HAYDEN, HARVEY B  
11031 NE 6TH AVENUE  
MIAMI, FL 33161 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/MANAGERS:**

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

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

Title: MGRM ( ) Delete  
Name: GARCIA, ILEANA 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HARVEY B HAYDEN

PRES

04/29/2008

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