

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017603

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** TELE-HEALTH LATIN AMERICA, LLC

**Current Principal Place of Business:**

3659 SOUTH MIAMI AVENUE, SUITE 6008  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3659 SOUTH MIAMI AVENUE, SUITE 6008  
MIAMI, FL 33133

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.  
520 BRICKELL KEY DRIVE, SUITE 0-305  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

GELLER, LANCE A  
1680 MICHIGAN AVE.  
SUITE 700  
MIAMI BEACH, FL 33139 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: LANCE GELLER

04/27/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: JULIO C. PITA, M.D., M.B.A.  
Address: 3659 SOUTH MIAMI AVENUE, SUITE 6008  
City-St-Zip: MIAMI, FL 33133

Title: MGR ( ) Delete  
Name: GONZALEZ, HUMBERTO  
Address: 3659 SOUTH MIAMI AVENUE, SUITE 6008  
City-St-Zip: MIAMI, FL 33133

Title: MGR ( ) Delete  
Name: RODON, LINCOLN  
Address: 3659 SOUTH MIAMI AVENUE, SUITE 6008  
City-St-Zip: MIAMI, FL 33133

**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 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: JULIO C. PITA

MGR

04/27/2004

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