

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017603

FILED
Apr 27, 2005
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: 65-1189464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MRM

04/27/2005

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