

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90079 006 ****50.00

DOCUMENT # L03000028245			
1. Entity Name SEDANOS INSTITUTIONAL RX LLC.			
Principal Place of Business 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106		Mailing Address 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106	
2. Principal Place of Business 3900 NW 79th AVENUE Suite, Apt. #, etc. SUITE 216 City & State MIAMI, FL Zip 33106		3. Mailing Address 3900 NW 79th AVENUE Suite, Apt. #, etc. SUITE 216 City & State MIAMI, FL Zip 33106	
4. FEI Number 14-1892397		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01122004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent ARAZOZA & FERNANDEZ-FRAGA, P.A. 2100 SALZEDO STREET, SUITE 300 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERRO, ARMANDO J 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERRA, ARMANDO J 3900 NW 79th AVENUE, SUITE 608 MIAMI, FL 33106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUERVO, LEO 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUERVO, LEO 3900 NW 79th AVENUE, SUITE 608 MIAMI, FL 33106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORA, JUAN 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORA, JUAN 3900 NW 79th AVENUE, SUITE 608 MIAMI, FL 33106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____		ARMANDO J. GUERRA JAN 13/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	