2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
03-18-2005 90384 037 ****55.00

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DOCUMENT # L03000028245

1. Entity Name
SEDANOS INSTITUTIONAL RX LLC.

Principal Place of Business	Mailing Address
3900 79TH AVENUE SUITE 216 MIAMI, FL 33106	3900 79TH AVENUE SUITE 216 MIAMI, FL 33106

DO NOT WRITE IN THIS SPACE

03102005No Chg-LLC CR2E083 (10/03)

4. FEI Number
14-1892397

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GUERRA, ARMANDO J
STREET ADDRESS	3900 NW 79TH AVENUE, SUITE 608
CITY-ST-ZIP	MIAMI, FL 33106
TITLE	MGR
NAME	CUERVO, LEO
STREET ADDRESS	3900 NW 79TH AVENUE, SUITE 608
CITY-ST-ZIP	MIAMI, FL 33106
TITLE	MGR
NAME	MORA, JUAN
STREET ADDRESS	3900 NW 79TH AVENUE, SUITE 608
CITY-ST-ZIP	MIAMI, FL 33106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Leo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #