



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90273 011 ****50.00

DOCUMENT # L03000037274					
1. Entity Name SOLUTION FOR MANAGED HEALTHCARE L.L.C.					
Principal Place of Business 8300 NW 54TH COURT LAUDERHILL, FL 33351			Mailing Address 8300 NW 54TH COURT LAUDERHILL, FL 33351		
2. Principal Place of Business 8300 NW 54 Court Suite, Apt. #, etc. LAuderhill City & State FL Zip 33351 Country USA		3. Mailing Address Suite, Apt. #, etc. Same City & State City Zip Country			
02252004 Chg-LLC CR2E083 (10/03)				4. FEI Number 331072406	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MANTLE, ANN MARIE 8300 NW 54TH COURT LAUDERHILL, FL 33351			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 MANTLE, ANN MARIE 8300 NW 54TH COURT LAUDERHILL, FL 33351	<input type="checkbox"/> Delete			
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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: <u>Ann Marie Mantle</u> <u>4-6-04</u> <u>(954) 830-5919</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					