

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90494 002 \*\*\*\*55.00

<b>DOCUMENT # L03000037478</b> 1. Entity Name <b>JPHG INVESTMENTS &amp; CONSULTING, LLC</b>					
Principal Place of Business <b>9193 SUNSET DRIVE MIAMI, FL 33173</b>			Mailing Address <b>601 BRICKELL KEY DRIVE, SUITE 507 C/O IVAN A. GOMEZ, P.A. MIAMI, FL 33131</b>		
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>9193 Sunset Drive</b> Suite, Apt. #, etc. <b>Suite 201</b> City & State <b>Miami, Florida</b> Zip      Country <b>33131      USA</b>			
		03262004    Chg-LLC    CR2E083 (10/03)		4. FEI Number <b>05-0587913</b>	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DRIVE, SUITE 507 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>GARCIA &amp; PASTORIZA, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9193 Sunset Drive, Suite 201</b> City      State      Zip Code <b>Miami      FL      33173</b>		
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. <b>GARCIA &amp; PASTORIZA, P.A.</b> SIGNATURE BY: <u>Jorge Pastoriza, M.D.</u> (NOTE: Registered Agent signature required when reinstating)      DATE: _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Pastoriza, Jorge</b> <b>9193 Sunset Drive, Suite 201</b> <b>Miami, Florida 33173</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Jorge Pastoriza</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>3/31/04</u> Daytime Phone #: <u>305-5955588</u>		

**JORGE PASTORIZA, M.D., Manager**