

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038081

FILED  
Feb 11, 2004  
Secretary of State

Entity Name: EXTRA HEALTH, LLC

## Current Principal Place of Business:

8635 NW 54 ST.  
MIAMI, FL 33166

## New Principal Place of Business:

10773 NW 58 ST  
MIAMI, FL 33178

## Current Mailing Address:

8635 NW 54 ST.  
MIAMI, FL 33166

## New Mailing Address:

10773NW 58 ST  
MIAMI, FL 33178

FEI Number: 20-0281527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTUFAR, FABIANA  
8635 NW 54 ST.  
MIAMI, FL 33166

## Name and Address of New Registered Agent:

MONTUFAR, FABIANA  
10773 W 58 ST  
MIAMI, FL 33178

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: FABIANA MONTUFAR

02/11/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: MONTUFAR, FABIANA  
Address: 8635 NW 54 ST.  
City-St-Zip: MIAMI, FL 33166

Title: MGRM ( ) Delete  
Name: RIVERO, JONATHAN  
Address: 8635 NW 54 ST.  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MONTUFAR, FABIANA  
Address: 10773 NW 58 ST  
City-St-Zip: MIAMI, FL 33178

Title: MGRM (X) Change ( ) Addition  
Name: RIVERO, JONATHAN  
Address: 10773 NW 58 ST  
City-St-Zip: MIAMI, FL 33178

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: FABIANA MONTUFAR

MGR

02/11/2004

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