

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043403

FILED
Apr 05, 2005
Secretary of State

Entity Name: PALM HEALTH BENEFITS, LLC

Current Principal Place of Business:

19495 BISCAYNE BLVD, STE. 804
AVENTURA, FL 33180

New Principal Place of Business:

19495 BISCAYNE BLVD, STE. 604
AVENTURA, FL 33180

Current Mailing Address:

19495 BISCAYNE BLVD, STE. 401
AVENTURA, FL 33180

New Mailing Address:

19495 BISCAYNE BLVD, STE. 604
AVENTURA, FL 33180

FEI Number: 52-2415898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TESCHER LIPPMAN & VALINSKY, P.A.
100 N.E. THIRD AVE., STE. 610
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TOUIZER, DANIEL
Address: 19495 BISCAYNE BLVD, STE. 804
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL TOUIZER

MGRM

04/05/2005

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