

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90009 034 ****50.00

DOCUMENT # L03000043403

1. Entity Name
PALM HEALTH BENEFITS, LLC



Principal Place of Business

**19495 BISCAYNE BLVD, STE. 604
AVENTURA, FL 33180**

Mailing Address

**19495 BISCAYNE BLVD, STE. 604
AVENTURA, FL 33180**

20045267



01102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2415898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
TOUIZER, DANIEL
19495 BISCAYNE BLVD, STE. 804
AVENTURA, FL 33180**

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/06 305-792-9996

ATTACHMENT

206452107

This information cannot be changed on the report.

Document Number L03000043403
 Business Entity Name PALM HEALTH BENEFITS, LLC
 Original File Date 11/10/2003

FEI Number 52-2415898

Principal Address 19495 BISCAYNE BLVD, STE. 604
 AVENTURA, FL 33180

Mailing Address 19495 BISCAYNE BLVD, STE. 604
 AVENTURA, FL 33180

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

Managing Member/Manager Name And Address

MGRM
 DANIEL TOUIZER
 19495 BISCAYNE BLVD, STE. 804
 AVENTURA, FL 33180