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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046225

1. Entity Name
MAAR HEALTH CARE L.L.C.

Principal Place of Business	Mailing Address
502 E 13TH ST HIALEAH, FL 33010	502 E 13TH ST HIALEAH, FL 33010

07272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
502 E 13 ST	502 E 13 St
Suite, Apt. #, etc. Hialeah	Suite, Apt. #, etc.
City & State Hialeah FL	City & State Hialeah FL
Zip 33010 Country Dade	Zip 33010 Country Dade

4. FEI Number 26-0075971 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIFAT, ENRIQUE
502 E 13TH ST
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name Pedro R RiFAT
Street Address (P.O. Box Number is Not Acceptable) 502 E 13 ST
City Hialeah FL Zip Code 33010

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 Pedro R. RiFAT President [signature] 07/18/04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Enrique RiFAT 502 E 13 ST Hialeah FL 33010	☒ Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Pedro R. RiFAT 502 E 13 ST Hialeah FL 33010	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Pedro R. RiFAT [signature] 07/18/04 305-642-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #