

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050381

FILED
Apr 05, 2004
Secretary of State

Entity Name: DOUGLAS HEALTH INSTITUTE L.L.C.

Current Principal Place of Business:

2645 DOUGLAS ROAD, SUITE 701
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2645 DOUGLAS ROAD, SUITE 701
MIAMI, FL 33133

New Mailing Address:

FEI Number: 56-2421074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, MIGUEL A
2645 DOUGLAS ROAD, SUITE 701
MIAMI, FL 33133

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: MGR () Delete
Name: HERNANDEZ, MIGUEL A
Address: 2645 DOUGLAS ROAD, SUITE 701
City-St-Zip: MIAMI, FL 33133

Title: MGR (X) Delete
Name: HUACHILLO, OSCAR
Address: 1702 VICTORIA POINT CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERNANDEZ, MIGUEL ANGEL
Address: 2645 DOUGLAS ROAD, SUITE 701
City-St-Zip: MIAMI, FL 33133

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: MIGUEL ANGEL HERNANDEZ

MGR

04/05/2004

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