

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000050808

1. Entity Name

GALENOS HOLDING, L.L.C.



Principal Place of Business

2121 PONCE DE LEON BLVD, STE 240
CORAL GABLES, FL 33134

Mailing Address

2121 PONCE DE LEON BLVD, STE 240
CORAL GABLES, FL 33134

FILED

06 MAY 22 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

16-1691735

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRATS, GABRIEL
2121 PONCE DE LEON BLVD, STE 240
CORAL GABLES, FL 33134

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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
MGR
MENDEZ, JORGE
2121 PONCE DE LEON BLVD., N. 240
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
REYES, GUILLERMO A.
2121 PONCE DE LEON BLVD, STE 240
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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06/16/06--01042--012 **113.75

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IN THIS SPACE**

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 #