

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056227

FILED
Apr 30, 2012
Secretary of State

Entity Name: WELLMAX HEALTH MEDICAL CENTERS, LLC

Current Principal Place of Business:

C/O ALEXANDER FUSTER, MANAGER
1205 S.W. 37TH AVENUE, SUITE #201
MIAMI, FL 33135

New Principal Place of Business:

C/O ALEXANDER FUSTER, MANAGER
3250 MARY STREET
COCONUT GROVE, FL 33133

Current Mailing Address:

C/O ALEXANDER FUSTER, MANAGER
1205 S.W. 37TH AVENUE, SUITE #201
MIAMI, FL 33135

New Mailing Address:

C/O ALEXANDER FUSTER, MANAGER
3250 MARY STREET
COCONUT GROVE, FL 33133

FEI Number: 20-0660563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUSTER, ALEXANDER
1205 S.W. 37TH AVENUE, SUITE #201
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

FUSTER, ALEXANDER
3250 MARY STREET
COCONUT GROVE, FL 33133 US

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:

04/30/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WELLMAX HEALTH DELIVERY NETWORK, LLC
Address: 3250 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR
Name: ALVAREZ, CLAUDIO
Address: 3250 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR
Name: FUSTER, ALEXANDER
Address: 3250 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR
Name: CORONA, RAMON
Address: 3250 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

I hereby 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: ALEXANDER FUSTER

MGR

04/30/2012

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