

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056229

FILED
Apr 28, 2008
Secretary of State

Entity Name: WELLMAX HEALTH PHYSICIANS NETWORK, 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
1205 S.W. 37TH AVENUE
MIAMI, FL 33135

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
1205 S.W. 37TH AVENUE
MIAMI, FL 33135

FEI Number: 20-0660644

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
1205 S.W. 37TH AVENUE
MIAMI, FL 33135 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:

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELLMAX HEALTH DELIV, ERY NETWORK, L L C
Address: 1205 SW 37TH AVENUE, SUITE 201
City-St-Zip: MIAMI, FL 33135

Title: MGR () Delete
Name: ALVAREZ, CLAUDIO
Address: 1205 SW 37TH AVENUE, SUITE 201
City-St-Zip: MIAMI, FL 33135

Title: MGR () Delete
Name: FUSTER, ALEXANDER
Address: 1205 SW 37TH AVENUE, SUITE 201
City-St-Zip: MIAMI, FL 33135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WELLMAX HEALTH DELIV, ERY NETWORK, L L C
Address: 1205 SW 37TH AVENUE
City-St-Zip: MIAMI, FL 33135

Title: MGR (X) Change () Addition
Name: ALVAREZ, CLAUDIO
Address: 1205 SW 37TH AVENUE
City-St-Zip: MIAMI, FL 33135

Title: MGR (X) Change () Addition
Name: FUSTER, ALEXANDER
Address: 1205 SW 37TH AVENUE
City-St-Zip: MIAMI, FL 33135

Title: MGR () Change (X) Addition
Name: CORONA, RAMON
Address: 1205 SW 37 AVENUE
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALEXANDER FUSTER

MGR

04/28/2008

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