2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056229

Entity Name: WELLMAX HEALTH PHYSICIANS NETWORK, LLC

FILED Apr 30, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O ALEXANDER FUSTER, MANAGER C/O ALEXANDER FUSTER, MANAGER

1205 S.W. 37TH AVENUE 3250 MARY STREET

MIAMI, FL 33135 COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

C/O ALEXANDER FUSTER, MANAGER

C/O ALEXANDER FUSTER, MANAGER

1205 S.W. 37TH AVENUE 3250 MARY STREET

MIAMI, FL 33135 COCONUT GROVE, FL 33133

FEI Number: 20-0660644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FUSTER, ALEXANDER
1205 S.W. 37TH AVENUE
FUSTER, ALEXANDER
3250 MARY STREET

MIAMI, FL 33135 US 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 Statues.

SIGNATURE: ALEXANDER FUSTER MGR 04/30/2012