
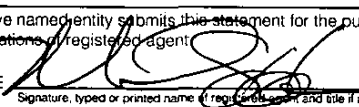
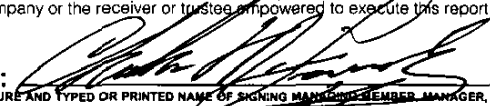


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90114 001 ****50.00

DOCUMENT # L04000008829 1. Entity Name SUNMED HOLDINGS, LLC					
Principal Place of Business 2999 NE 191 ST, #905 AVENTURA, FL 33180			Mailing Address 2999 NE 191 ST, #905 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 4400 Biscayne Blvd.		3. Mailing Address 4400 Biscayne Blvd			
Suite, Apt. #, etc. 900		Suite, Apt. #, etc. 900			
City & State Miami, FL		City & State Miami, FL			
Zip 33137		Country USA		4. FEI Number 20-0780258	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HELLMAN, MAYNARD J ESQ 2999 NE 191 ST, #905 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 4400 Biscayne Blvd #900 City Miami State FL Zip 33137		
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  DATE 4/27/07 <small>Signature, typed or printed name (if registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, CHARLES M 2999 NE 191 STREET #905 AVENTURA, FL 33180 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR fernandez, Charles M. 4400 Biscayne Blvd. #900 Miami, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			4/27/07 305-777-1025 <small>Date Daytime Phone #</small>		

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04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0780258

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELLMAN, MAYNARD J ESQ
2999 NE 191 ST, #905
AVENTURA, FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

4400 Biscayne Blvd #900
City **Miami** State **FL** Zip **33137**

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Signature, typed or printed name (if registered agent and title if applicable)

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DATE

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**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FERNANDEZ, CHARLES M
2999 NE 191 STREET #905
AVENTURA, FL 33180**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
fernandez, Charles M.
4400 Biscayne Blvd. #900
Miami, FL 33137**

☒ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/07

Date

305-777-1025

Daytime Phone #