

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000090764

**FILED**  
**Dec 05, 2007**  
**Secretary of State**

**Entity Name:** CONTINIUM HEATHCARE MANAGEMENT, LLC

**Current Principal Place of Business:**

1680 MICHIGAN AVENUE  
736  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1680 MICHIGAN AVENUE  
736  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 52-2446754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLISON L. STONE, LLC  
1680 MICHIGAN AVENUE  
736  
MIAMI BEACH, FL 33139 US

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

MICHAEL I. BERNSTEIN, P.A.  
1688 MERIDIAN AVENUE  
418  
MIAMI BEACH, FL 33139 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: MICHAEL I. BERNSTEIN

12/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KLEIN, AVI  
Address: 1680 MICHIGAN AVENUE #736  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AVI KLEIN

MGR

12/05/2007

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