2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000013393 2901 JUN - 4 P 1: 54 MIAMI INTERNATIONAL HEALTH CARE, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business C/O WILLIAM J. SPRATT, JR., ESQ. C/O JAVIER SOBRADO, M.D. 8525 S.W. 92ND STREET, SUITE D-17 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131 MIAMI, FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2348393 Not Applicable Zip Country Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPRATT, WILLIAM J JR., ESQ Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** MGRM **Addition** TITLE ☐ Delete TITLE ☐ Change SOBRADO, LILIANNE, M.D. NAME SOBRADO, JAVIER M.D. NAME 8525 S.W. 92ND STREET, SUITE D-17 STREET ADDRESS 8525 S.W. 92ND STREET, SUITE D-17 STREET ADDRESS MIAMI, FLORIDA 33156 CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete Change TITLE NAME NAME 400104119384 06/08/07--01032--013 **50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME^{*} NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 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. 3059656391 May 09 07 SIGNATURE: MI 429609EVAND TYPED OR PRINTED NAME OF SIGNING MA

ING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE

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