


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000013393 1. Entity Name MIAMI INTERNATIONAL HEALTH CARE, LLC	
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Principal Place of Business C/O JAVIER SOBRADO, M.D. 8525 S.W. 92ND STREET, SUITE D-17 MIAMI, FL 33156	Mailing Address C/O WILLIAM J. SPRATT, JR., ESQ. 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131-2399
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01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2348393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPRATT, WILLIAM J JR., ESQ 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131-2399
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**DO NOT WRITE
IN THIS SPACE**

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 resigning) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOBRADO, JAVIER M.D. 8525 S.W. 92ND STREET, SUITE D-17 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOBRADO, LILIANNE M.D. 8525 S.W. 92ND STREET, SUITE D-17 MIAMI, FL 33156
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02/12/08-80072-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

JAVIER SOBRADO / LILIANNE SOBRADO