

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021627

FILED  
Jun 16, 2006  
Secretary of State

Entity Name: MPH GROUP, LLC

**Current Principal Place of Business:**

P.O. BOX 141287  
CORAL GABLES, FL 331141287 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 141287  
CORAL GABLES, FL 331141287 US

**New Mailing Address:**

FEI Number: 20-2451572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

REINER, II, SAMUEL B ESQUIRE  
9100 SOUTH DADELAND BLVD.  
SUITE 1408  
MIAMI, FL 33156 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MENGU GROUP, LLC,  
Address: 711 JERONIMO DRIVE  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM ( ) Delete  
Name: GETARIA INVESTMENTS,, INC.  
Address: 4004 SANAMARO DRIVE  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM ( ) Delete  
Name: MULTICULTURAL HEALTH, CARE GROUP, LL C  
Address: 4620 S.W. 74TH AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: MGRM ( ) Delete  
Name: GRUBAN, LLC,  
Address: 1325 CAMPO SANO  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM ( ) Delete  
Name: DOUGHERTY, THOMAS  
Address: 5317 LIMESTONE ROAD  
City-St-Zip: WILMINGTON, DE 19808

**ADDITIONS/CHANGES:**

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

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

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

Title: MGRM (X) Change ( ) Addition  
Name: GRUBAN, LLC,  
Address: 1325 CAMPO SANO AVENUE  
City-St-Zip: CORAL GABLES, FL 33146 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AGUSTIN DE GOYTISOLO

RA

06/16/2006

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