

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 08, 2008  
Secretary of State**

DOCUMENT# L05000046272

Entity Name: MAIKA HEALTHCARE, LLC

**Current Principal Place of Business:**

7552 NAVARRE PARKWAY  
SUITE 10  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

7552 NAVARRE PARKWAY  
SUITE 10  
NAVARRE, FL 32566

**New Mailing Address:**

FEI Number: 20-2814172      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TRAN, MARK M.D.  
7552 NAVARRE PARKWAY  
SUITE 10  
NAVARRE, FL 32566 US

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

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: TRAN, MARK M.D.  
Address: 1403 CHAMPIONS GREEN DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

**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: MARK TRAN

MGRM

01/08/2008

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