

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # L05000065140

1. Entity Name
STAT HEALTH SCREENS, LLC



Principal Place of Business
**6770 SW 124TH STREET
MIAMI, FL 33156 US**

Mailing Address
**6770 SW 124TH STREET
MIAMI, FL 33156 US**



03172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3724233

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARROYAVE, EFRAIN
6770 SW 124TH STREET
MIAMI, FL 33156**

**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 reinstating)

DATE

3-17-07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
URBAN, GAIL E
18045 SW 83RD COURT
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHILSEN, LARRY
14830 SW 167TH STREET
MIAMI, FL 33187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHILSEN, DEBRA
14830 SW 167TH STREET
MIAMI, FL 33187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ARROYAVE, EFRAIN
6770 SW 124 STREET
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000675039
03/30/07-80002-024 50.00

**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 #

3/17/07