

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065140

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: STAT HEALTH SCREENS, LLC

## Current Principal Place of Business:

6770 SW 124TH STREET  
MIAMI, FL 33156 US

## New Principal Place of Business:

901 BRICKELL KEY BLVD.,  
#1404  
MIAMI, FL 33131 US

## Current Mailing Address:

6770 SW 124TH STREET  
MIAMI, FL 33156 US

## New Mailing Address:

901 BRICKELL KEY BLVD.,  
#1404  
MIAMI, FL 33131 US

FEI Number: 38-3724233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DEVELOPMED, LLC  
901 BRICKELL KEY BLVD., #1404  
MIAMI, FL 33131 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: CALI ARROYAVE

01/07/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: URBAN, GAIL E  
Address: 18045 SW 83RD COURT  
City-St-Zip: MIAMI, FL 33157 US

Title: MGR ( ) Delete  
Name: CHILSEN, LARRY  
Address: 14830 SW 167TH STREET  
City-St-Zip: MIAMI, FL 33187

Title: MGR ( ) Delete  
Name: CHILSEN, DEBRA  
Address: 14830 SW 167TH STREET  
City-St-Zip: MIAMI, FL 33187

Title: MGR ( ) Delete  
Name: ARROYAVE, EFRAIN  
Address: 6770 SW 124 STREET  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES:

Title: MMGR (X) Change ( ) Addition  
Name: URBAN, GAIL E  
Address: 18045 SW 83RD COURT  
City-St-Zip: MIAMI, FL 33157 US

Title: MMGR (X) Change ( ) Addition  
Name: CHILSEN, LARRY  
Address: 14830 SW 167TH STREET  
City-St-Zip: MIAMI, FL 33187

Title: MMGR (X) Change ( ) Addition  
Name: DEVELOPMED, LLC,  
Address: 901 BRICKELL KEY BLVD., #1404  
City-St-Zip: MIAMI, FL 33131

Title: MMGR (X) Change ( ) Addition  
Name: ARROYAVE, EFRAIN  
Address: 6770 SW 124 STREET  
City-St-Zip: MIAMI, FL 33156

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: CALI ARROYAVE

MMGR

01/07/2008

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