2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066706

Entity Name: NEOMEDICAL ALLIANCE LLC

FILED Jun 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7919 NW 79TH AVE. 6991 NW 82ND AVE

MIAMI, FL 33172 BAY # 1

MIAMI, FL 33166 US

Current Mailing Address: New Mailing Address:

7919 NW 79TH AVE. 6991 NW 82ND AVE

MIAMI, FL 33172 BAY # 1

MIAMI, FL 33166 US

ADDITIONS/CHANGES:

FEI Number: 20-3138304 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:

CLAVIJO, ALBERTO M
11413 NW 76TH TERRACE
DORAL, FL 33178 US

CLAVIJO, ALEXIS O
6991 NW 82ND AVE
BAY # 1
MIAMI. FL 33166 US

Wil/ Wil, 1 E 00100 00

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: ALEXIS O. CLAVIJO 06/21/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Title: MGRM (X) Change () Addition

 Name:
 HERNANDEZ, ORESTES
 Name:
 CLAVIJO, ALEXIS O

 Address:
 8864 NW 110TH ST
 Address:
 6991 NW 82ND AVE BAY # 1

City-St-Zip: HIALEAH GARDENS, FL 33018 City-St-Zip: MIAMI, FL 33166 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: CLAVIJO, ALBERTO M Name: CLAVIJO, MALIX N

 Address:
 11413 NW 76TH TERR
 Address:
 6991 NW 82ND AVE BAY # 1

 City-St-Zip:
 DORAL, FL 33178
 City-St-Zip:
 MIAMI, FL 33166 US

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: ALEXIS O. CLAVIJO MGRM 06/21/2006