

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078976

Entity Name: VIDA VITAL LLC

FILED  
Feb 13, 2006  
Secretary of State

## Current Principal Place of Business:

3990 W. FLAGLER ST.  
302  
MIAMI, FL 33134

## New Principal Place of Business:

5775 W 20 AVE  
206  
HIALEAH, FL 33012

## Current Mailing Address:

3990 W. FLAGLER ST.  
302  
MIAMI, FL 33134

## New Mailing Address:

5775 W 20 AVE  
206  
HIALEAH, FL 33012

FEI Number: 51-0550803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C & C MEDICAL REHAB SERVICES INC.  
3990 W. FLAGLER ST.  
302  
MIAMI, FL 33134 US

## Name and Address of New Registered Agent:

BENGOCHEA, YAILEN  
5775 W 20 AVE  
206  
HIALEAH, FL 33012 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: YAILEN BENGOCHEA

02/13/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LALAMA, MIGUEL A M.D  
Address: 3990 W. FLAGLER ST. SUITE 302  
City-St-Zip: MIAMI, FL 33134 US

Title: MGR (X) Delete  
Name: BENGOCHEA, YAILEN  
Address: 27 EAST 44 STREET  
City-St-Zip: HIALEAH, FL 33013 US

Title: MGRM (X) Delete  
Name: HOFFMAN, RONALD MD  
Address: 3990 W. FLAGLER ST. SUITE 302  
City-St-Zip: MIAMI, FL 33134 US

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: BENGOCHEA, YAILEN  
Address: 5775 W 20 AVE #206  
City-St-Zip: HIALEAH, FL 33012 US

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

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: YAILEN BENGOCHEA

MGR

02/13/2006

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