2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 26, 2008
Secretary of State

DOCUMENT# L05000088584

Entity Name: MJ HEALTH CENTERS, LLC

Current Principal Place of Business:

2159 SW 22ND ST.
SUITE B
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2159 SW 22ND ST,
SUITE B
MIAMI, FL 33145

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: _____ 06/26/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CAMERO, MICHAEL J
Address: 1604 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: SMUGLOVSKY, SILVIA
Address: 10772 SW 96TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: P ( ) Change (X) Addition
Name: CAMERO, MARIOLA
Address: 2159 SW 22ND STREET, SUITE B
City-St-Zip: MIAMI, FL 33145

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: MICHAEL CAMERO MGRM 06/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date