

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093220

Entity Name: CARIBBEAN HEALTH, LLC

FILED
May 08, 2006
Secretary of State

Current Principal Place of Business:

13201 PARKHURST COURT
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

13201 PARKHURST COURT
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 20-3497481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

RICARDO A. ROIG, P.A.
4023 NORTH ARMENIA AVE.
SUITE 400
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

CLARKE, YVONNE J
13201 PARKHURST COURT
RIVERVIEW, FL 33569 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: YVONNE J. CLARKE

05/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: INFANTE, ORESTES
Address: 2806 WHITTINGTON PLACE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: CLARKE, YVONNE
Address: 13201 PARKHURST COURT
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

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

Title: D (X) Change () Addition
Name: CLARKE, YVONNE J
Address: 13201 PARKHURST COURT
City-St-Zip: RIVERVIEW, FL 33569

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: YVONNE J. CLARKE

D

05/08/2006

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