

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093220

Entity Name: CARIBBEAN HEALTH, LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

13201 PARKHURST COURT
RIVERVIEW, FL 33569

New Principal Place of Business:

10410 US HIGHWAY 301 S
RIVERVIEW, FL 33569

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 ()

Name and Address of Current Registered Agent:

CLARKE, YVONNE J
13201 PARKHURST COURT
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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:

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 J
Address: 13201 PARKHURST COURT
City-St-Zip: RIVERVIEW, FL 33569

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

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: INFANTE, DAIANA
Address: 2806 WHITTINGTON PLACE
City-St-Zip: TAMPA, FL 33618

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

Title: D () Change (X) Addition
Name: INFANTE, ANA
Address: 2806 WHITTINGTON PLACE
City-St-Zip: TAMPA, FL 33618

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

04/12/2007

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