

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112509

FILED
Jun 15, 2007
Secretary of State

Entity Name: PHARMED HEALTH ALLIANCE, LLC

Current Principal Place of Business:

312 MINORCA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

133 SEVILLA AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

312 MINORCA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

133 SEVILLA AVENUE
CORAL GABLES, FL 33134

FEI Number: FEI Number Applied For (X) 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:

MITRANI, ISAAC J ESQ.
ONE SOUTHEAST THIRD AVENUE
SUNTRUST INTERNATIONAL CENTER, SUITE 2200
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FERNANDEZ, SARAH A
133 SEVILLA AVENUE
CORAL GABLES, FL 33134 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: SARAH A. FERNANDEZ

06/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: DE CESPEDES, CARLOS
Address: 14101 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP () Delete
Name: RODRIGUEZ, RAUL
Address: 14101 CPMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

Title: TRES () Delete
Name: GONZALEZ, ROGER
Address: 14101 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

Title: SEC () Delete
Name: PEREDA, JORGE A
Address: 14101 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

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

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

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 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: CARLOS DE CESPEDES

PRES

06/15/2007

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