

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000112509

**FILED**  
**Dec 06, 2007**  
**Secretary of State****Entity Name:** PHARMED HEALTH ALLIANCE, LLC**Current Principal Place of Business:**133 SEVILLA AVENUE  
CORAL GABLES, FL 33134**New Principal Place of Business:**14101 COMMERCE WAY  
MIAMI LAKES, FL 33016**Current Mailing Address:**133 SEVILLA AVENUE  
CORAL GABLES, FL 33134**New Mailing Address:**14101 COMMERCE WAY  
MIAMI LAKES, FL 33016**FEI Number:** 13-4335817**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FERNANDEZ, SARAH A  
133 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**GALE, DONNA M  
14101 COMMERCE WAY  
MIAMI LAKES, FL 33016 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: DONNA M. GALE

12/06/2007

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 33016Title: VP ( ) Delete  
Name: RODRIGUEZ, RAUL  
Address: 14101 CPMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016Title: TRES ( ) Delete  
Name: GONZALEZ, ROGER  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016Title: SEC ( ) Delete  
Name: PEREDA, JORGE A  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016**ADDITIONS/CHANGES:**Title: PRES (X) Change ( ) Addition  
Name: GONZALEZ, ROGER  
Address: 14101 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016Title: ( ) 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: ROGER GONZALEZ

PRES

12/06/2007

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