

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000114951

Entity Name: EAGLE HEALTH MANAGEMENT, LLC

**FILED**  
**Jan 25, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

7925 NW 12 ST  
SUITE 229  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 260127  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 32-0165932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARTINEZ, DAISY  
1025 S.W. 94TH AVENUE  
MIAMI, FL 33174 US

**Name and Address of New Registered Agent:**

MARTINEZ, DAISY M  
1025 S.W. 94TH AVENUE  
MIAMI, FL 33174 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: DAISY M MARTINEZ

01/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARTINEZ, DAISY  
Address: 1025 S.W. 94TH AVENUE  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MARTINEZ, DAISY M MGR  
Address: 1025 S.W. 94TH AVENUE  
City-St-Zip: MIAMI, FL 33174

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: DAISY M MARTINEZ

MGR

01/25/2007

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