2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) —DUE BY MAY 1, 2008

FILED
Mar 14, 2008 8:00 am
Secretary of State
02-22-2008 90041 029 ***143.75

DOCUMENT # L06000006409

1. Entity Name
ISABELLA JORDAN HEALTH, LLC

Principal Place of Business	Mailing Address
1930 HARRISON STREET, SUITE 503 HOLLYWOOD FL 33020	1930 HARRISON STREET, SUITE 503 HOLLYWOOD FL 33020

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7249 NW 54th STREET	1490 MEADOWS BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: WESTON FL
Zip: 33166 Country: DADE	Zip: 33327 Country: BROWARD

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HOCHSZTEIN, FRED
1930 HARRISON STREET, SUITE 503
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
Name: SANDRA . D. FURMAN
Street Address (P.O. Box Number is Not Acceptable): 1490 MEADOWS BLVD
City: WESTON FL Zip Code: 33327

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 2/13/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FURMAN, SANDRA D 7249 NW 54TH STREET MIAMI FL 33166 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FURMAN, D. SANDRA. 7249 NW 54th STREET MIAMI FL 33166 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 3/11/08 954-385-1434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #