2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2009
Secretary of State

DOCUMENT# L06000020947

Entity Name: PRACTICAL HEALTHCARE SOLUTIONS AND FUNDING LLC

Current Principal Place of Business:

12918 SW 47TH TERRACE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

12918 SW 47TH TERRACE
MIAMI, FL 33175

New Mailing Address:

6865 BAY DRIVE
13
MIAMI, FL 33175

FEI Number: 20-4390532 **FEI Number Applied For ( )** **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:

CRUZ, YUSLENY
12918 SW 47TH TERRACE
MIAMI, FL 33175 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:	MGR	( ) Delete
Name:	CRUZ, YUSLENY	
Address:	12918 SW 47TH TERRACE	
City-St-Zip:	MIAMI, FL 33175	
Title:	MGR	(X) Delete
Name:	CABRERA, ELIO	
Address:	31400 SW 208TH COURT	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	MGRM	( ) Delete
Name:	VAZQUEZ, ENRIQUE	
Address:	5342 SANDY SHELL DRIVE	
City-St-Zip:	APOLLO BEACH, FL 33575	
Title:	MGRM	( ) Delete
Name:	SUAREZ, LAZARO	
Address:	6865 BAY DRIVE #13	
City-St-Zip:	MIAMI BEACH, FL 33141	

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: LAZARO SUAREZ MGRM 09/07/2009

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