

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028403

FILED
Apr 28, 2008
Secretary of State

Entity Name: HEALTH CARE LAW GROUP, LLC

Current Principal Place of Business:

1885 N.W. NORTH RIVER DR.
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1885 N.W. NORTH RIVER DR.
MIAMI, FL 33125

New Mailing Address:

FEI Number: 76-0832006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALAMO, JAVIER
7600 WEST 20TH AVE.
SUITE #213
HIALEAH, FL 33016 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: JOSEPH, CHAMBROT A
Address: 1885 N.W. NORTH RIVER DR.
City-St-Zip: MIAMI, FL 33125

Title: MGR () Delete
Name: CALIL, JORGE A
Address: 19 W. FLAGLER STREET, SUITE 301
City-St-Zip: MIAMI, FL 33130

Title: MGRM () Delete
Name: FRANCISCO, MARTY A
Address: 1885 N.W. NORTH RIVER DR.
City-St-Zip: MIAMI, FL 33125

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:

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: FRANCISCO A. MARTY

MGRM

04/28/2008

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