

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045037

FILED
Apr 06, 2008
Secretary of State

Entity Name: MANDY HEALTH SERVICES, LLC

Current Principal Place of Business:

995 SW 84 AVE
408
MIAMI, FL 33144 US

New Principal Place of Business:

13701 SW 12TH ST
MIAMI, FL 33184 US

Current Mailing Address:

995 SW 84 AVE
408
MIAMI, FL 33144 US

New Mailing Address:

13701 SW 12TH ST
MIAMI, FL 33184 US

FEI Number: 20-4947921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVILA, GILBERTO
995 SW 84 AVE
408
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

AVILA, GILBERTO
13701 SW 12TH ST
MIAMI, FL 33184 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: GILBERTO AVILA

04/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AVILA, GILBERTO
Address: 995 SW 84 AVE # 408
City-St-Zip: MIAMI, FL 33144 US

Title: MGRM () Delete
Name: GONZALEZ, CARMEN L
Address: 995 SW 84 AVE # 408
City-St-Zip: MIAMI, FL 33144 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AVILA, GILBERTO
Address: 13701 SW 12TH ST
City-St-Zip: MIAMI, FL 33184 US

Title: MGRM (X) Change () Addition
Name: GONZALEZ, CARMEN L
Address: 13701 SW 12TH ST
City-St-Zip: MIAMI, FL 33184 US

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: GILBERTO AVILA

MGRM

04/06/2008

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