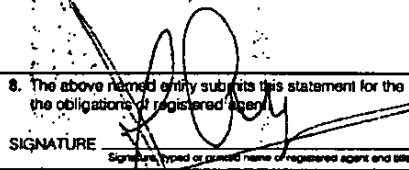
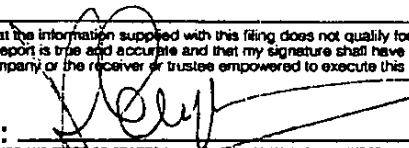


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 27, 2007 8:00 A.M.
Secretary of State

DOCUMENT # L06000056570 1. Entity Name ORION HEALTH, LLC			
Principal Place of Business 802 NW 573 TERRACE PEMBROKE PINES, FL 33029		Mailing Address 802 NW 573 TERRACE PEMBROKE PINES, FL 33029	
2. Principal Place of Business - No P.O. Box # 802 NW 173 Terr. Suite, Apt. #, etc.		3. Mailing Address 802 NW 173 Terr Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33029		Zip 33029	
Country		Country	
6. Name and Address of Current Registered Agent ENGEL, LEONARDO G 802 NW 573 TERRACE PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name Engel, Leonardo G. Street Address (P.O. Box Number is Not Acceptable) 802 NW 173 Terr City Pembroke Pines FL Zip Code 33029	
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 (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when removing) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR CAGGINO, ALEJANDRO 802 NW 573 TERRACE PEMBROKE PINES, FL 33029 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager. Caggin, Alejandro 802 NW 173 Terr Pembroke Pines FL. 33029. ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR ENGEL, LEONARDO O 802 NW 573 TERRACE PEMBROKE PINES, FL 33029 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager. Engel, Leonardo O. 802 NW 173 Terr Pembroke Pines, FL. 33029 ☐ 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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			