


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L06000056570 1. Entity Name ORION HEALTH, LLC	
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Principal Place of Business 802 NW 173 TERRACE PEMBROKE PINES, FL 33029	Mailing Address 802 NW 173 TERRACE PEMBROKE PINES, FL 33029
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DO NOT WRITE IN THIS SPACE

04032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5125672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ENGEL, LEONARDO G 802 NW 173 TERRACE PEMBROKE PINES, FL 33029	DO NOT WRITE IN THIS SPACE
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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

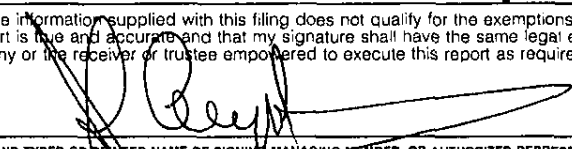
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAGGINO, ALEJANDRO 802 NW 173 TERRACE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGEL, LEONARDO O 802 NW 173 TERRACE PEMBROKE PINES, FL 33029
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**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____