2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L06000089270

Entity Name: KINGDOM HEALTH NETWORK, LLC

Current Principal Place of Business:

1485 NW 193RD TERRACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1485 NW 193RD TERRACE
MIAMI, FL 33169

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

CUFFY, GILBERT
1485 NW 193RD TERRACE
MIAMI, FL 33169 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:	CUFFY, GILBERT V	
Address:	1485 NW 193RD TERRACE	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGRM	( ) Delete
Name:	CUFFY, CHERRIE	
Address:	1485 NW 193RD TERRACE	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGRM	( ) Delete
Name:	HONORE, ANSWORTH	
Address:	19030 NW 10TH AVENUE	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGRM	( ) Delete
Name:	HONORE, JOAN	
Address:	19030 NW 1OTH AVENUE	
City-St-Zip:	MIAMI, FL 33169	

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: GILBERT CUFFY MGR 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date