

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089270

FILED
Apr 16, 2008
Secretary of State

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 () FEI Number Not Applicable (X) Certificate of Status Desired ()

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 10TH 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

04/16/2008

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