2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L06000120452

Entity Name: WHITE CROSS HEALTH CARE AGENCY LLC

Current Principal Place of Business:

6065 NW 167TH ST
B7-1
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6065 NW 167TH ST
B7-1
MIAMI, FL 33015

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARJONA, MARIA C
6065 NW 167TH ST
B7
MIAMI, FL 33015 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: MGRM ( ) Delete
Name: ARJONA, MARIA C
Address: 6065 NW 167TH ST SUITE B7-1
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA C ARJONA MGR 04/23/2007

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