

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021788

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: FLORIDA HEALTH NETWORK, LLC

**Current Principal Place of Business:**

931 W. OAK STREET  
STE 105  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

3392 S.W. 175 AVE.  
MIRAMAR, FL 33029

**New Mailing Address:**

931 W. OAK STREET  
STE 105  
KISSIMMEE, FL 34741

FEI Number: 64-0951530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, JUAN J  
3392 S.W. 175 AVE.  
MIRAMAR, FL 33029 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: GARCIA, JUAN J  
Address: 3392 S.W. 175 AVENUE  
City-St-Zip: MIRAMAR, FL 33029

Title: MGR ( ) Delete  
Name: GARCIA, DELARAY S  
Address: 3392 S.W. 175 AVENUE  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES:**

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: JUAN J GARCIA

MGRM

03/20/2009

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