
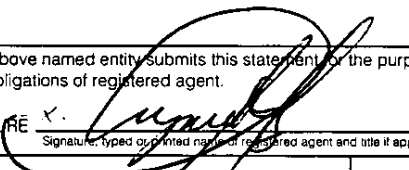
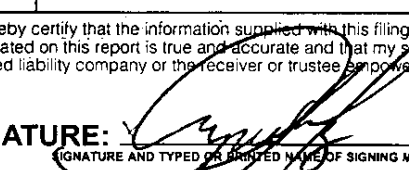


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90113 050 \*\*\*138.75

<b>DOCUMENT # L07000025839</b> 1. Entity Name <b>RENOVATION HEALTH CARE LLC</b>																																																					
Principal Place of Business <b>555 E 25 ST UNIT 109 HIALEAH, FL 33013</b>			Mailing Address <b>555 E 25 ST UNIT 109 HIALEAH, FL 33013</b>																																																		
2. Principal Place of Business - No P.O. Box # <b>4355 W 16 AVE</b>		3. Mailing Address <b>4355 W 16 AVE</b>																																																			
Suite, Apt. #, etc. <b>202</b>		Suite, Apt. #, etc. <b>202</b>																																																			
City & State <b>HIALEAH, FL</b>		City & State <b>HIALEAH, FL</b>		4. FEI Number <b>20-860 8777</b>																																																	
Zip <b>33012</b>		Country <b>33012</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																																	
6. Name and Address of Current Registered Agent  <b>TOLEDO, AYMEE 8212 NW 164 ST MIAMI LAKES, FL 33016</b>				7. Name and Address of New Registered Agent Name <b>TOLEDO AYMEE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4355 W 16 AVE</b> <b>SUITE #202</b> City <b>HIALEAH</b> FL Zip Code <b>33012</b>																																																	
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  <b>President</b> <b>305-5571701</b> <b>04/14/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">MGR TOLEDO, AYMEE 8212 NW 164 ST MIAMI LAKES, FL 33016</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOLEDO, AYMEE 8212 NW 164 ST MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">MGR TOLEDO AYMEE 4355 W 16 AVE SUITE #202 HIALEAH, FL 33012</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOLEDO AYMEE 4355 W 16 AVE SUITE #202 HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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.  <b>SIGNATURE:</b>  <b>President</b> <b>305-5571701</b> <b>04/14/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone</small>																																																					

**50003520**



04092008 Chg-LLC CR2E083 (12/06)