2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# L07000025839

Entity Name: RENOVATION HEALTH CARE LLC

Current Principal Place of Business:

4355 W 16 AVE
202
HIALEAH, FL 33012

New Principal Place of Business:

4355 W 16 AVE
202 A,B,C
HIALEAH, FL 33012

Current Mailing Address:

4355 W 16 AVE
202
HIALEAH, FL 33012

New Mailing Address:

4355 W 16 AVE
202 A,B,C
HIALEAH, FL 33012

FEI Number: 20-8608777 **FEI Number Applied For ( )** **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:

TOLEDO, AYMEE
4355 W 16 AVE STE 202
HIALEAH, FL 33012 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: TOLEDO, AYMEE
Address: 8212 NW 164 ST
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR ( ) Delete
Name: AYMEE, TOLEDO
Address: 4355 W 16TH AVE
City-St-Zip: HIALEAH, FL 33012

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: AYMEE TOLEDO MGR 05/14/2009

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