


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90317 001 \*\*\*138.75

<b>DOCUMENT # L07000030746</b>			
1. Entity Name SHORES HEALTH CARE, LLC			
Principal Place of Business 8687 EAST DIXIE HWY MIAMI, FL 33138 US		Mailing Address 8687 EAST DIXIE HWY MIAMI, FL 33138 US	
2. Principal Place of Business - No P.O. Box # 8900 NE 1st Ave		3. Mailing Address 8900 NE 1st Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State EL PORTAL FL		City & State EL PORTAL FL	
Zip 33138		Country USA	
4. FEI Number 20-8710119		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: SoBe Consulting Services LLC Street Address (P.O. Box Number is Not Acceptable): 2895-A Collins Ave City: MIAMI Beach FL Zip Code: 33140	
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: <i>Loures Arredondo</i> LOURES ARREDONDO MGRM 4/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, ORLANDO 7626 BYRON AVE #402 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>[Signature]</i>		Date: 4/1/08 Daytime Phone #: 786-444-1436	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

