

# 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>			
<b>1. Entity Name</b> SHORES HEALTH CARE, LLC			
<b>Principal Place of Business</b> 8687 EAST DIXIE HWY MIAMI, FL 33138 US		<b>Mailing Address</b> 8687 EAST DIXIE HWY MIAMI, FL 33138 US	
<b>2. Principal Place of Business - No P.O. Box #</b> 8900 NE 1st Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8900 NE 1st Ave Suite, Apt. #, etc.	
<b>City &amp; State</b> EL PORTAL FL		<b>City &amp; State</b> EL PORTAL FL	
<b>Zip</b> 33138		<b>Country</b> USA	
<b>4. FEI Number</b> 20-8710119		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		<b>7. Name and Address of New Registered Agent</b> 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	
<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.</b> SIGNATURE: Lourdes Arredondo MGRM DATE: 4/1/08 <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>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM HERNANDEZ, ORLANDO 7626 BYRON AVE #402 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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>			
<b>SIGNATURE:</b>		4/1/08 786-444-1436	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	