

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050276

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: PRESTIGE HEALTH CHOICE, L.L.C.

**Current Principal Place of Business:**

9064 NW 13TH TERRACE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

9064 NW 13TH TERRACE  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 45-0563075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROTHMAN, PAUL  
9064 NW 13TH TERRACE  
MIAMI, FL 33172 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: KEARNS, KEVIN S  
Address: 9064 NW 13TH TERRACE  
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete  
Name: HARTLEY, BRODES H JR.  
Address: 10300 SW 216TH STREET SOUTH  
City-St-Zip: MIAMI, FL 33170

Title: MGR ( ) Delete  
Name: MABE, PAT  
Address: 1344 22ND STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGR ( ) Delete  
Name: JARDON, MARIO  
Address: 4175 W. 20TH AVENUE  
City-St-Zip: HIALEAH, FL 33012

Title: MGR ( ) Delete  
Name: WARD, ROGER  
Address: 2256 HEITMAN STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: MGR ( ) Delete  
Name: BORY, STEVE  
Address: 521 5TH AVE  
City-St-Zip: NEW YORK, NY 10175

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAUL ROTHMAN

PRES

06/23/2009

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