

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054270

FILED
Mar 09, 2008
Secretary of State

Entity Name: KISKEYA HEALTH NETWORK, LLC

Current Principal Place of Business:

126 NORTH FLAGLER AVENUE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

126 NORTH FLAGLER AVENUE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 26-0323611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUARRIE, LISA G ESQUIRE
315 ELEVENTH STREET
WEST PALM BEACH, FL 33401 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: MGRM () Delete
Name: YANIQUE DUVAL, M.D., P.A.
Address: 2247 PALM BEACH LAKES BLVD., STE. 103
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: FRANCOIS, WILLY
Address: 126 NORTH FLAGLER AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM () Delete
Name: NOE, GILBERT
Address: 126 NORTH FLAGLER AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM () Delete
Name: EUGENE, EDITH R
Address: 126 NORTH FLAGLER AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM () Delete
Name: BAPTISTE, LIONEL J
Address: 126 NORTH FLAGLER AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

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:

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: GILBERT NOE

MGRM

03/09/2008

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