

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054270

FILED
May 12, 2009
Secretary of State

Entity Name: KISKEYA HEALTH NETWORK, LLC

Current Principal Place of Business:

126 NORTH FLAGLER AVENUE
POMPAÑO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

126 NORTH FLAGLER AVENUE
POMPAÑO BEACH, FL 33060

New Mailing Address:

FEI Number: 26-0323611 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:

Name and Address of New Registered Agent:

QUARRIE, LISA G ESQUIRE
315 ELEVENTH STREET
WEST PALM BEACH, FL 33401 US

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: POMPAÑO BEACH, FL 33060

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

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

Title: MGRM () Delete
Name: BAPTISTE, LIONEL J
Address: 126 NORTH FLAGLER AVENUE
City-St-Zip: POMPAÑO 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: NOE, GILBERT

MGRM

05/12/2009

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