2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2010
Secretary of State

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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)**
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:

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
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
Name: FRANCOIS, WILLY
Address: 126 NORTH FLAGLER AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

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

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

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

I hereby 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 Statues.

SIGNATURE: GILBERT NOE MG 05/06/2010

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