

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 05, 2008 8:00 am
Secretary of State

03-17-2008 90259 029 ***138.75

DOCUMENT # L07000063702			
1. Entity Name HEALTH FLORIDA NETWORK, LLC			
Principal Place of Business 12861 SW 42 ST MIAMI, FL 33175		Mailing Address 12861 SW 42 ST MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent ZAS, JUAN 12861 SW 42 ST MIAMI, FL 33175		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VIDAL-ZAS, ALICIA R	NAME	
STREET ADDRESS	12861 SW 42 ST	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33175	CITY- ST- ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZAS, JUAN	NAME	
STREET ADDRESS	12861 SW 42 ST	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33175	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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.			
SIGNATURE: 		4-5-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30005823



ATTACHMENT

30005823

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

L07000063702

Date of this notice: 07-12-2007

001703.349111.0006.001 1 MB 0.360 532



Employer Identification Number:
26-0422695

Form: SS-4

Number of this notice: CP 575 B



HEALTH FLORIDA NETWORK LLC
ALICIA R VIDAL MBR
12861 SW 42 ST
MIAMI FL 33175

For assistance you may call us at
1-800-829-4933

001703

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-0422695. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2008

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)