

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080713

**FILED**  
**Jan 18, 2008**  
**Secretary of State**

**Entity Name:** MIAMI HEALTH DISTRICT RI, LLC

**Current Principal Place of Business:**

1065 KANE CONCOURS, SUITE 201  
BAY HARBOR ISLAND, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1065 KANE CONCOURS, SUITE 201  
BAY HARBOR ISLAND, FL 33154

**New Mailing Address:**

**FEI Number:** 26-0829840      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MRG                      ( ) Change (X) Addition  
Name:                      FINVARB, ROBERT  
Address:                      1065 KANE CONCOURSE STE 201  
City-St-Zip:                      BAY HARBOR ISLANDS, FL 33154

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: ROBERT FINVARB

MGR

01/18/2008

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