

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90069 003 ***138.75

60003574



01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0868786** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L07000087761
1. Entity Name
DIAMOND PERSONALIZED HEALTHCARE, P.L.



Principal Place of Business Mailing Address
1000 NW 9TH COURT 1000 NW 9TH COURT
SUITE 204 SUITE 204
BOCA RATON, FL 33498 US BOCA RATON, FL 33498 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip **33486** Country Zip **33486** Country

6. Name and Address of Current Registered Agent
DEREK A. SCHWARTZ, P.A.
2385 EXECUTIVE CENTER DRIVE
SUITE 190
BOCA RATON, FL 33431

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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP | MGR MELLMAN, ROBERT L 1000 NW 9TH COURT, SUITE 204 BOCA RATON, FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: [Signature] 1/15/08 (561) 395-5204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #