# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 14, 2008**
**Secretary of State**

DOCUMENT# L07000089781

**Entity Name:** SUDE HEALTHCARE, LLC

**Current Principal Place of Business:**

1630 EMERALD LAKE COVE SUITE #311
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

10057 EASTERN LAKE AVENUE
SUITE:203
ORLANDO, FL 32817 US

**Current Mailing Address:**

1630 EMERALD LAKE COVE SUITE #311
CASSELBERRY, FL 32707 US

**New Mailing Address:**

10057 EASTERN LAKE AVENUE
SUITE:203
ORLANDO, FL 32817 US

**FEI Number: 35-2318742** **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:**

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: MGR ( ) Delete
Name: DIKEN, IBRAHIM
Address: 1630 EMERALD LAKE COVE SUITE #311
City-St-Zip: CASSELBERRY, FL 32707 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: DIKEN, IBRAHIM
Address: 10057 EASTERN LAKE AVENUE SUITE:203
City-St-Zip: ORLANDO, FL 32817 US

Title: MGR ( ) Change (X) Addition
Name: DIKEN, ISMAIL
Address: 10057 EASTERN LAKE AVENUE SUITE:203
City-St-Zip: ORLANDO, FL 32817 US

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: IBRAHIM DIKEN MGR 06/14/2008

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