## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 23, 2008 8:00 am Secretary of State

Name and Address of Business	DOCUI 1. Entity Nam QUEST H	10	# L07000090 LLC	851		03-25-200	8 90082	050 ***1	138.75		
Surfe, Apr. P. etc.    Suite, Apr. P. etc.	4175 W. 201	'H AVENUE	s	4175 W. 20TH AVENU	IE						
City & State  City & State of Rord Registered Agent  City & State	Principal Place of Business - No P.O. Box # 3. Mailing Address										
21p   Country   Zp   Country   Zp   Country   S. Certificate of Status bearind   \$5.00 Actitional Pen Register of Agent   Pe	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252008 Chg-LLC	CR2E(	083 (12/06)	1	
S. B. Memie and Address of Gurrant Registrend Agent	City & State			City & State				83 	<b> </b>		
Name   Size   Address (P.O. Box Number is Not Acceptable)	Zip	lp Country				ntry	5. Certificate of Status Desired		Fee Require		
B & C CORPORATE SERVICES, INC ONE BISCANE BLVD.  MIAMI, FL 33131  Cny FL Zip Code  A. The above named cells submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  FILE NOWITI FEE IS \$138.75  MARK Check payable to Plorida. I am familiar with, and accept the obligations of registered agent.  Plantage agent with the State of Florida. I am familiar with, and accept the obligations of registered agent.  In the Obligations of registered agent.  SIGNATURE:  SIGNATURE:  SIGNATURE:  SITE ADDRIGHS (P.O. Box Numbers is Not Acceptable)  Cny FL Zip Code  A. The Addriess (P.O. Box Numbers is Not Acceptable)  Cny FL Zip Code  A. The Address (P.O. Box Numbers is Not Acceptable)  Cny FL Zip Code  A. The above named cells submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  DATE:  SIGNATURE:		5. Name	and Address of Current I	Registered Agent	<u></u>		7. Name and Address of New I	Registered .	Agent -		
Since Address (P-C. Box Number is Not Acceptable)  Since Address (P-C. Box Number is Not Acceptable)  City  FL  Zip Code  The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWITH FEE IS \$138.75  After May 1, 2008 Fee will be \$838.75  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  FIORIGA Department of State  FILE NOWITH FEE IS \$138.75  After May 1, 2008 Fee will be \$838.75  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  CITY-ST-2P  HIALEAH, FL 33012  Debts  INIT.  MAKE  SIRET ADDESS  CITY-ST-2P  HIALEAH, FL 33012  Debts  INIT.  MAKE  SIRET ADDESS  CITY-ST-2P  INIT.  MAKE  SIRET ADDE	B&C COR	RPORATE	SERVICES INC			Name	Name				
En the above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am itemitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itemitiar with, and accept the obligations of registered agent and registered agent, or both, in the State of Florida. I am itemitiar with, and accept the obligations of registered agent and registered agent, or both, in the State of Florida. I am itemitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itemitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itemitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itemitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itemitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am itemitiar with, and accept the property of the State of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida. I am itemitiar with, and accept the state of Florida State accept and the florida state of Florida State accept and the florida state accept accept and the florida state accept accept accept	ONE BISC 2 SOUTH I	ANE TOV	VER, 21ST FLOOR			Street Address (	P.O. Box Number is Not Acceptable	e)			
THE DOWNTH FEE 13 \$138.75  After May 1, 2008 Fee will be \$53.8.75  SIGNATURE    MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES	MIAMI, FL	33131				City		FL	Zip Cod	le	
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  SIRE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  SIRE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  SIRE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  SIRE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  SIRE NOWIII FEE IS \$138.75 AFTER NOW	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.										
9. MANAGING MEMBERS/MANAGERS 19. ADDITIONS/CHANGES  ITILE MGRM NME CITRUS HEALTH NETWORK, INC. SIRER ADDRESS CITY-S1-2P HIALEAH, FL 33012  Obele ITILE NAME SIRER ADDRESS CITY-S1-2P  TITLE Delde ITILE NAME SIRER ADDRESS CITY-S1-2P  TITLE Delde ITILE NAME SIRER ADDRESS CITY-S1-2P  TITLE Delde ITILE NAME SIRER ADDRESS CITY-S1-2P  TITLE DELDE SIRER ADDRESS CITY-S1-2P  TITLE DELD											
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NAME STREET ADDRESS 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 receiptor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE:	NAME STREET ADDRESS			☐ Delete	STRE	EET ADORESS			Change	☐ Addition	
sindicated 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:  3/29/08  404 3100	NAME STREET ADDRESS CITY+ST-ZIP				NAM STRE CITY	e eet adoress '-si-zip					
SIGNATURE	nacated	on this repor	it is true <u> an</u> d accurate and i	that my signature shall have	the same	e legal effect as if m	ade under oath; that I am a manag	arther certify ging membe	that the info	rmation er of the	
	SIGNAT				MAGER, OR	AATHORIZEO REPRESE	3/20/08	> 9 - °		3100	