

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091935

FILED  
Aug 28, 2008  
Secretary of State

Entity Name: POLARIS HEALTHCARE SERVICES, PLLC

## Current Principal Place of Business:

1400 N.W. 12TH AVE.  
#4  
MIAMI, FL 33136 US

## New Principal Place of Business:

104 CRANDON BLVD.  
SUITE 323  
KEY BISCAYNE, FL 33149 US

## Current Mailing Address:

1400 N.W. 12TH AVE.  
#4  
MIAMI, FL 33136 US

## New Mailing Address:

104 CRANDON BLVD.  
SUITE 323  
KEY BISCAYNE, FL 33149 US

FEI Number: 26-0865357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

ADAMS, MAX A  
10650 PARIS ST.  
COOPER CITY, FL 33026 US

## Name and Address of New Registered Agent:

ADAMS, MAX A  
1400 NW 10TH AVE., PH 3  
MIAMI, FL 33136 US

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: MAX A. ADAMS, ESQ.

08/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MURILLO, YVONNE  
Address: 13195 NE 2ND AVE.  
City-St-Zip: NORTH MIAMI, FL 33161 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: YVONNE MURILLO

MGRM

08/28/2008

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