

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000091935

**FILED**  
**Jan 10, 2009**  
**Secretary of State**

**Entity Name:** POLARIS HEALTHCARE SERVICES, PLLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-0865357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

COTO, LUIS J  
3408 WEST 84 STREET  
311  
HIALEHA, FL 33018 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: LUIS J. COTO

01/10/2009

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

01/10/2009

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