

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095288

FILED
Feb 04, 2008
Secretary of State

Entity Name: MEDCHOICE OF NORTH HIALEAH, L.L.C.

Current Principal Place of Business:

1578 W 68 STREET
HIALEAH, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 141799
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number: 42-1742602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDOVA, ANGEL D
780 NW 42 AVENUE
SUITE 416
MIAMI, FLORIDA, FL 33126 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: DIAZ, EVA R.N.
Address: 9415 NE 6 AVENUE
City-St-Zip: MIAMI, FL 33138 US

Title: MGR () Delete
Name: ALEN, ZOILA M M.D.
Address: 1578 W 68 STREET
City-St-Zip: MIAMI, FL 33014 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DIAZ, MARIA D.O.
Address: 9415 NE 6 AVENUE
City-St-Zip: MIAMI, FL 33138 US

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

Title: MGR () Change (X) Addition
Name: DIAZ, EVA R.N.
Address: 9415 NE 6 AVENUE
City-St-Zip: MIAMI SHORES, FL 33138 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: MARIA DIAZ, D.O.

MGR

02/04/2008

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