

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095610

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: PALM MEDICAL NETWORK, LLC

## Current Principal Place of Business:

7240 SW 58 STREET  
MIAMI, FL 33143

## New Principal Place of Business:

2900 GLADE CIRCLE  
SUITE 500  
WESTON, FL 33327 US

## Current Mailing Address:

7240 SW 58 STREET  
MIAMI, FL 33143

## New Mailing Address:

2900 GLADE CIRCLE  
SUITE 500  
WESTON, FL 33327 US

FEI Number: 06-1829158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MOFFLEY, EDWARD  
7240 SW 58 STREET  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

LUZ S. MORIYON  
16749 NW 13 COURT  
PEMBROKE PINES, FL 33028 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: LUZ S. MORIYON

01/22/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HYGEA HEALTH NETWORK, , INC.  
Address: 7240 SW 58 STREET  
City-St-Zip: MIAMI, FL 33143

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HYGEA HEALTH NETWORK, , INC.  
Address: 2900 GLADE CIRCLE SUITE 500  
City-St-Zip: WESTON, FL 33327 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: LUZ S. MORIYON

MRS.

01/22/2008

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