

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095610

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: PALM MEDICAL NETWORK, LLC

## Current Principal Place of Business:

2900 GLADE CIRCLE  
SUITE 500  
WESTON, FL 33327 US

## New Principal Place of Business:

7925 NW 12TH STREET  
SUITE 321  
MIAMI, FL 33126 US

## Current Mailing Address:

2900 GLADE CIRCLE  
SUITE 500  
WESTON, FL 33327 US

## New Mailing Address:

7925 NW 12TH STREET  
SUITE 321  
MIAMI, FL 33126 US

FEI Number: 06-1829158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUZ S. MORIYON  
16749 NW 13 COURT  
PEMBROKE PINES, FL 33028 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: MGRM ( ) Delete  
Name: HYGEA HEALTH NETWORK, INC.  
Address: 2900 GLADE CIRCLE SUITE 500  
City-St-Zip: WESTON, FL 33327 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HYGEA HEALTH NETWORK, INC.  
Address: 7925 NW 12TH STREET  
City-St-Zip: MIAMI, FL 33126 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: LACY K. LOAR

S

04/17/2009

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