

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097128

Entity Name: PHX HEALTH SOLUTIONS, LLC

FILED  
Jan 09, 2008  
Secretary of State

## Current Principal Place of Business:

8888 S.W. 129TH TERR  
MIAMI, FL 33176

## New Principal Place of Business:

8888 S.W. 129TH TERR  
MIAMI, FL 33176 US

## Current Mailing Address:

P.O. BOX 566240  
PINECREST, FL 33256

## New Mailing Address:

P.O. BOX 566240  
PINECREST, FL 33256 US

FEI Number: 26-1649209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WESTON, GAYLE  
10700 N. KENDALL DRIVE, SUITE 204  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

WESTON, GAYLE SEC  
10700 N. KENDALL DRIVE, SUITE 204  
MIAMI, FL 33176 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: GAYLE WESTON

01/09/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GREEN, LAWRENCE M  
Address: P.O. BOX 566240  
City-St-Zip: PINECREST, FL 33256

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PHX HEALTH SOLUTIONS, , INC.  
Address: P.O. BOX 566240  
City-St-Zip: PINECREST, FL 33256 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: LAWRENCE M. GREEN ON BEHALF OF THE ENTITY

MGRM

01/09/2008

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