

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101568

FILED
Sep 04, 2008
Secretary of State

Entity Name: SQUARE1 HEALTH GROUP, LLC

Current Principal Place of Business:

400 S. DIXIE HWY
STE 120
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

400 S. DIXIE HWY
STE 120
BOCA RATON, FL 33432 US

New Mailing Address:

460 MANHATTAN AVE
STE 1A
NEW YORK, NY 11222 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NOTES, RANDOLF F
400 S. DIXIE HWY
STE 120
BOCA RATON, FL 33432 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: NOTES, RANDOLF F
Address: 400 S. DIXIE HWY, STE 120
City-St-Zip: BOCA RATON, FL 33432 FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NOTES, RANDOLF F
Address: 460 MANHATTAN AVE STE 1A
City-St-Zip: BROOKLYN, NY 11222 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: RANDOLF NOTES

MGR

09/04/2008

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