

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117500

FILED
Apr 29, 2008
Secretary of State

Entity Name: EMPATHY HEALTH CARE OF DADE, LLC

Current Principal Place of Business:

5040 NW 7TH STREET
STE 635
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5040 NW 7TH STREET
STE 635
MIAMI, FL 33126

New Mailing Address:

FEI Number: 26-1456914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MAGALY
2221 W 69TH STREET
HIALEAH, FL 33016 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: GONZALEZ, MAGALY
Address: 2221 W 69TH STREET
City-St-Zip: HIALEAH, FL 33016

Title: MGRM () Delete
Name: VELAZQUEZ, VILMA
Address: 611 NW 58TH CT
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: NODAR, ILEANA
Address: 268 E 62 STREET
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES:

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

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

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

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: MAGALY GONZALEZ

MGRM

04/29/2008

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