2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# L07000118827

Entity Name: JDA MEDICAL MANAGEMENT OF HOMESTEAD, LLC

Current Principal Place of Business:

19320 SW 292 ST
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

19320 SW 292 ST
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DE LA TORRIENTE, COSME ESQ
155 SW 25TH RD
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

LEAL, JHACNEA MGR
19320 SW 292 ST.
HOMESTEAD, FL 33030 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: JHACNEA LEAL 01/14/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEAL, JHACNEA
Address: 19320 SW 292 ST
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES:

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: JHACNEA LEAL MRG 01/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date