

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118827

FILED
Apr 01, 2010
Secretary of State

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 ()

Name and Address of Current Registered Agent:

LEAL, JHACNEA MGR
19320 SW 292 ST.
HOMESTEAD, FL 33030 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
Name: LEAL, JHACNEA
Address: 19320 SW 292 ST
City-St-Zip: HOMESTEAD, FL 33030

I hereby 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

MGR

04/01/2010

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