
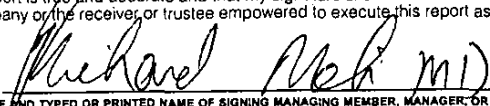


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT -9 PM 4:05

DOCUMENT # L07000121499			
1. Entity Name ANESCO MANAGEMENT HOLDINGS, LLC			
Principal Place of Business 2515 NE 7TH PLACE FT. LAUDERDALE, FL 33304		Mailing Address 2515 NE 7TH PLACE FT. LAUDERDALE, FL 33304	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3601 W. COMMERCIAL BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 5	
City & State		City & State FT. LAUDERDALE FL	
Zip	Country	Zip	Country
		33309	USA
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE, FL 33301		Name ANESCO MANAGEMENT HOLDINGS, LLC Street Address (P.O. Box Number is Not Acceptable) 3601 W. COMMERCIAL BLVD SUITE 5 City FT. LAUDERDALE FL Zip Code 33309	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER / PRESIDENT RICHARD ALI, M.D. 3601 W. COMMERCIAL BLVD #5 FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800136379728 09/26/08--01027--004 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PAUL KOLBERT, M.D. 3601 W. COMMERCIAL BLVD #5 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT ANTHONY ALTMANN 3601 W. COMMERCIAL BLVD #5 FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		Date: 9/24/08 Daytime Phone #: 9544852002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

REINSTATEMENT 2008