


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	
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Principal Place of Business 2515 NE 7TH PLACE FT. LAUDERDALE, FL 33304	Mailing Address 2515 NE 7TH PLACE FT. LAUDERDALE, FL 33304
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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	Zip 33309
Country	Country USA



09232008 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent 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
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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 <input type="checkbox"/> Delete RICHARD MELI, M.D. 3601 W. COMMERCIAL BLVD #5 FT. LAUDERDALE FL 33309	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 <input type="checkbox"/> Delete PAUL KOLBERT, M.D. 3601 W. COMMERCIAL BLVD #5 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT <input type="checkbox"/> Delete ANTHONY ALTMANN 3601 W. COMMERCIAL BLVD #5 FT. LAUDERDALE FL 33309	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

REINSTATEMENT 2008

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: Richard Meli MD Date: 9/24/08 Daytime Phone #: 9544852002