

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122382

Entity Name: MZ HEALTH CARE LLC

FILED  
Feb 19, 2009  
Secretary of State

## Current Principal Place of Business:

BRICKELL BAY OFFICE TOWER, 1001 BRICKELL  
BAY DRIVE, SUITE 2310  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

520 BRICKELL KEY DRIVE, STE O-305  
MIAMI, FL 33131

## New Mailing Address:

1001 BRICKELL BAY DRIVE  
SUITE 2310  
MIAMI, FL 33131

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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 ( ) Delete  
Name: OLIVARES, JOSE A  
Address: 520 BRICKELL KEY DRIVE, STE O-305  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: ESTRADA, ERLIN  
Address: 520 BRICKELL KEY DRIVE, STE O-305  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: PAREJA, ELISENDA  
Address: 520 BRICKELL KEY DRIVE, STE O-305  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: CORSA, PIETRO G  
Address: 520 BRICKELL KEY DRIVE, STE O-305  
City-St-Zip: MIAMI, FL 33131

## 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:

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: JOSE OLIVARES

MGR

02/19/2009

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