

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127150

Entity Name: HEALTH COMPASS, LLC

FILED
Aug 25, 2008
Secretary of State

Current Principal Place of Business:

10280 N.W. 125TH STREET
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

10280 N.W. 125TH STREET
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 26-1703191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PINO, ANDRES F
10280 N.W. 125TH STREET
HIALEAH GARDENS, FL 33018 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: MGRM () Delete
Name: PINO, ANDRES F
Address: 10280 N.W. 125TH STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: MGRM () Delete
Name: PINO, MARIA A
Address: 10280 N.W. 125TH STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES:

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: ANDRES PINO

MGRM

08/25/2008

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