

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Dec 05, 2008
Secretary of State**

DOCUMENT# L07000127751

Entity Name: PLATINUM HEALTHCARE CONSULTING GROUP, LLC

Current Principal Place of Business:

701 NW 57 AVENUE
300
MIAMI, FL 33126 US

New Principal Place of Business:

701 NW 57 AVENUE
200
MIAMI, FL 33126 US

Current Mailing Address:

6619 SOUTH DIXIE HWY
363
MIAMI, FL 33143 US

New Mailing Address:

701 NW 57 AVENUE
200
MIAMI, FL 33126 US

FEI Number: 26-1638214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, LUIS F
6619 SOUTH DIXIE HWY
363
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

PUENTES, NICOLE
701 NW 57 AVENUE
200
MIAMI, FL 33126 US

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: NICOLE PUENTES

12/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PS () Delete
Name: RODRIGUEZ, LUIS F
Address: 6619 SOUTH DIXIE HWY, SUITE #363
City-St-Zip: MIAMI, FL 33143 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PUENTES, NICOLE
Address: 701 NW 57 AVENUE, SUITE 200
City-St-Zip: MIAMI, FL 33126 US

Title: MGRM () Change (X) Addition
Name: RODRIGUEZ, AILEEN
Address: 701 NW 57 AVENUE, SUITE 200
City-St-Zip: MIAMI, FL 33126

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: NICOLE PUENTES

MGR

12/05/2008

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