2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L08000015443

Entity Name: FAMILY HEALTH CENTER LLC

Current Principal Place of Business:

20636 BISCAYNE BLVD
AVENTURA, FL 33180

New Principal Place of Business:

10641 HAMMOCKS BLVD.
APT. 324
MIAMI, FL 33196

Current Mailing Address:

3300 NE 192ND ST.
UNIT 1910
AVENTURA, FL 33180

New Mailing Address:

10641 HAMMOCKS BLVD.
APT. 324
MIAMI, FL 33196

FEI Number: 33-1203289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRYCE, KASEY L
3300 NE 192ND ST.
UNIT 1910
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

PRYCE, KASEY L
10641 HAMMOCKS BLVD.
APT. 324
MIAMI, FL 33196 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: _____ 04/21/2009

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PRYCE, KASEY L
Address: 3300 NE 192ND ST.
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PRYCE, KASEY L
Address: 10641 HAMMOCKS BLVD.
City-St-Zip: MIAMI, FL 33196

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: KASEY L PRYCE MGRM 04/21/2009

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