

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016311

FILED
Apr 02, 2009
Secretary of State

Entity Name: COPIA HEALTH CARE, LLC

Current Principal Place of Business:

SHERIDAN PROFESSIONAL CENTER
95 BULLDOG BLVD - STE 206
MELBOURNE, FL 32901

New Principal Place of Business:

3819 MURRELL ROAD
SUITE C
ROCKLEDGE, FL 32955

Current Mailing Address:

355 ALHAMBRA CIR
STE 1250
MIAMI, FL 33134

New Mailing Address:

355 ALHAMBRA CIR
STE 1250
CORAL GABLES, FL 33134

FEI Number: 26-2418660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONCEPCION, CARLOS F
355 ALHAMBRA CIR
STE 1250
CORAL GABLES, FL 33134 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: CONCEPCION, CARLOS F
Address: 355 ALHAMBRA CIR - STE 1250
City-St-Zip: MIAMI, FL 33134

Title: MGR () Delete
Name: ABAD, FERNANDO DR
Address: 4435 PRESERVE DR - STE 206
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ABAD, FERNANDO DR
Address: 4435 PRESERVE DR - STE 206
City-St-Zip: VIERA, FL 32934

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: CARLOS F. CONCEPCION

MGR

04/02/2009

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