2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L08000018205

Entity Name: MILLER HEALTHCARE NETWORK, LLC

Current Principal Place of Business:

99 NW 183 STREET
241-C
MIAMI, FL 33169

New Principal Place of Business:

99 NW 183 STREET
116
MIAMI, FL 33169

Current Mailing Address:

99 NW 183 STREET
241-C
MIAMI, FL 33169

New Mailing Address:

99 NW 183 STREET
116
MIAMI, FL 33169

FEI Number: 26-2003477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, MARTINE J
99 NW 183 STREET
241-C
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

MILLER, MARTINE J
99 NW 183 STREET
116
MIAMI, FL 33169 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: MARTINE MILLER 01/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	JULES, MARTINE J	
Address:	99 NW 183 STREET - 241C	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGRM	( ) Delete
Name:	MILLER, TIMOTHY L	
Address:	99 NW 183 STREET - 241C	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGRM	(X) Delete
Name:	JULES, KENNETH L	
Address:	99 NW 183 STREET - 241C	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGRM	(X) Delete
Name:	MILLER, JEREMY B	
Address:	99 NW 183 STREET - 241C	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGRM	(X) Delete
Name:	MILLER, TIANA C	
Address:	99 NW 183 STREET - 241C	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGRM	(X) Delete
Name:	MILLER, BRYAN E	
Address:	99 NW 183 STREET - 241C	
City-St-Zip:	MIAMI, FL 33169	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	JULES, MARTINE J	
Address:	99 NW 183 STREET - 116	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGRM	(X) Change ( ) Addition
Name:	MILLER, TIMOTHY L	
Address:	99 NW 183 STREET - 116	
City-St-Zip:	MIAMI, FL 33169	
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: MARTINE JULES MILLER MGR 01/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date