

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018205

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** MILLER HEALTHCARE NETWORK, LLC

**Current Principal Place of Business:**

6073 N.W. 167TH ST., STE C-7  
MIAMI, FL 33015

**New Principal Place of Business:**

6073 N.W. 167TH ST  
STE C7  
MIAMI, FL 33015

**Current Mailing Address:**

6073 N.W. 167TH ST., STE C-7  
MIAMI, FL 33015

**New Mailing Address:**

6073 N.W. 167TH ST  
STE C7  
MIAMI, FL 33015

**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  
235  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

MILLER, MARTINE J  
6073 N.W. 167 STREET  
SUITE C7  
MIAMI, FL 33015 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 JULES MILLER

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** JULES, MARTINE J  
**Address:** 6073 N.W. 167TH ST., STE C-7  
**City-St-Zip:** MIAMI, FL 33015

**Title:** MGRM  
**Name:** MILLER, TIMOTHY L  
**Address:** 6073 N.W. 167TH ST., STE C-7  
**City-St-Zip:** MIAMI, FL 33015

I hereby 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

04/28/2011

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