2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L08000049749

Entity Name: DNDM HEALTH AND MEDICAL CENTER, LLC

Current Principal Place of Business:

5941 NW 173RD DR
SUITE 1
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 126687
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 26-2648061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COEDO, GERMAN
2531 W 60 PL
#104
HIALEAH, FL 33016 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: MGRM ( ) Delete
Name: COEDO, GERMAN
Address: 2531 W 60 PL, #104
City-St-Zip: HIALEAH, FL 33015

Title: MGRM ( ) Delete
Name: LAMAS, TOMAS
Address: 7775 W 34TH LN
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES:

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: GERMAN COEDO MGRM 04/08/2009

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